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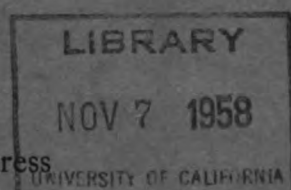
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THE CONCEPTION OF SEXUALITY (I)¹

BY J. A. HADFIELD.

THERE is perhaps no term more discussed in modern psychotherapy, with the possible exception of the Unconscious, than that of the Sexual: and one of the greatest difficulties that have stood in the way of the advance of modern psychotherapy is the lack of definition of this term. The purpose of this Symposium is to try to discover the scope and meaning of the term.

The criticism of Psychoanalysis has largely directed itself towards the use of the term sexual. It is a truism that Freud uses it in a wider sense than most. But the exact meaning of the term neither he nor his followers have ventured to define. Indeed he frankly admits the difficulty in so doing². He starts by telling us that we all know what we mean by sex, and then proceeds to show us that we do not.

Definitions at present vary from that which limits the term to the act of reproduction, to that of Freud who extends the term to include the sex perversions and "infantile sexuality"³. I presume I have been asked to open the discussion as representing a mid-way position.

For the purposes of this discussion we may venture upon a provisional definition of the *Sexual*, as *that group of impulsive tendencies whose natural end is reproduction*. Before explaining and illustrating this definition we must call attention to three assumptions it makes:

(a) It assumes that each instinctive impulse has a "natural end" which it subserves; hunger for nutrition, flight to escape from danger, maternal instinct for care of offspring, and sex for reproduction. This end is not necessarily consciously recognised but it is nevertheless the natural outcome of the impulse.

(b) There are many impulses which do not in any particular instance reach that end, e.g. fear does not always end in flight, and the

¹ A contribution to a discussion at a meeting of the Medical Section of the British Psychological Society on March 25, 1925.

² *Introductory Lectures*, p. 255.

³ *Introductory Lectures*, p. 268: "We have extended the meaning of the concept 'sexuality' only so far as to include the sexual life of perverted persons and also of children." This statement of Freud's is not as innocent as it appears, for by 'infantile sexuality' he seems not to mean merely that activities ordinarily called sexual are to be found in children, but includes as sexual a great many other activities of children, such as thumb-sucking.

immaturity of the child prevents the fulfilment of the sex instinct. Nevertheless the fact remains that such impulses, given full and unfettered expression, would lead to these specific results. That is what we mean by *natural* end.

(c) It defines the instinct in terms of 'impulse'; that is to say, in its conative aspect, the affective aspect or pleasurable feeling tone being regarded as an invariable accompaniment of the successful expression of the impulse, but not the primary factor in the primitive instinct itself. The definition does not decide *which* impulses actually may be said to come under its terms. We shall however require to discuss some of these examples by way of illustration.

With these assumptions, let us pass to the definition itself. Sex is defined as that group of impulsive tendencies whose natural end is reproduction.

This definition includes as sexual, the normal act of reproduction, any direct stimulation of the sex organ, the sex perversions, and tendencies like self-display, which appear normally to have a sexual end; it excludes activities like sucking, or interest in faeces, except in so far as these appear in the sexual perversions.

(a) It includes first and foremost the act of reproduction or coitus. Reproduction is an essential feature of the sexual instinct as a whole, but to define sex merely as the act of reproduction is too narrow, since, as Freud has pointed out, it excludes such activities as kissing, masturbation, and other perversions to which only the term 'sexual' can be given. That we must extend the term beyond the mere act of reproduction is obvious; nor, indeed, do I know of anyone who would limit it to that. But the question is how far beyond are we to extend the term, and how to decide whether an activity is to be termed sexual or not?

(b) We may also include as sexual without further question any direct stimulation of the sexual organs, for the stimulation of these organs naturally tends to the desire for the normal sexual act.

These stimuli may be external as in masturbation, or they may be due to surplus excitation¹, as in tickling or anal sensation either of which can produce erection. But things that stimulate the sexual instinct are not necessarily themselves sexual².

¹ I use 'surplus excitation' in its usual *physiological* sense, as an overflow of neural excitation.

² In calling any excitation of the genitals sexual, it is however, necessary to remember that the genital sensations in the child are of a quality quite different from the sex impulses of later life. It is merely a sensuous gratification like others characteristic of early childhood, and tends like them to pass away during the so-called latency period. A child may have genital *sensations* quite different from sex *impulses*.

(c) Our definition also includes the 'sex perversions' like homosexuality or sadism.

It may be objected that these perversions do not come under our definitions since they do not lead to reproduction but actually thwart this aim by substituting their own activities for reproductive ends. But this difficulty has been covered in our definition by the use of the phrase "whose *natural end* is reproduction." The perversions arouse feelings in the sex or genital organs—feelings which are themselves indistinguishable from those experienced in normal sex desires—whose *natural ends* are normal sex relations and reproduction. It is true that in the perversions that end is not actually realised, and that is, of course, why we call them perversions. But they are perversions of impulses whose normal and natural end is reproduction and therefore we bring them within the scope of our definition as "*sex perversions*." Homosexuality for instance, arouses sex impulses whose *natural end* is reproduction, though in this case they are perverted to non-reproductive ends.

(d) We next come to certain impulsive tendencies which have a close association with sex, such as self-display, curiosity, self-assertion and submission. If these tendencies can be shown to have reproduction as their natural end, we may call them sexual.

Take for instance the impulse to *self-display*. This desire plays a very great part in sexual activity, both in the male and the female, and this may be its principal and original function. If so we may call self-display sexual. We must however distinguish between two forms of exposure, the desire to be seen, and the pleasure in having the air play upon the naked body, which is a strongly toned desire in children. The former, the desire to be seen, may have originated in the sex desire to attract the mate; on the other hand, it may *more* conceivably have originated in the egotistic tendency of the child to receive the notice and attention from the parents, necessary to self-preservation.

(e) It would appear that *curiosity* is developed in response to the need for the animal to discover whether an object be dangerous or not, appetising or noxious. But the impulse of curiosity originally non-sexual can be pressed into the service of sex desires, and so curiosity becomes a normal characteristic of sexual life. To the sexual manifestations of this instinctive tendency, especially in the perverted forms, a specific name is given, namely 'observationism,' and since such curiosity is directed towards sexual objects and arouses sex impulses we may so far include it as sexual in the terms of our definition. But the impulses themselves are not primarily sexual, but egotistic in their aim.

Observationism we therefore regard as sexual without committing ourselves to regard impulses of curiosity as themselves sexual. A child's curiosity in its faeces or in the passing of water is not essentially different from its interest in its food or in strangers—it is non-sexual. Indeed its interest in its sex organs is at first only one manifestation of its instinct of curiosity. It is only when these activities tend to persist abnormally and attach themselves to sex feelings that they constitute the perversions.

Similarly with self-assertive and submissive tendencies, whose ends appear to be self-preservative and not reproductive.

The impulse to *overmaster* another which in sadism finds an object in the sexually loved person does not appear to have originally been sexual in its aim, but egotistic; it is sexual only in so far as it is directed towards sexual ends, or appears amongst the perversions as sadism. The first aggressive tendencies of an infant are directed towards getting its food, that is to say it is nutritive: the young animal also fights for its life. Only later does it fight for the gratification of its sex desires, attacking its rivals and overmastering the female. In so far as this impulse to aggressiveness is normally directed towards sexually loved objects and arouses impulses whose natural end is reproduction, so far we are justified in speaking of it as sexual. In the attempt to secure the ends whether of nutrition or of sex, there is frequently the necessity to overmaster another individual, the prey or foe in the first case, the female in the other. When this is indulged in without reference to its end but merely for the gratification it gives it is called 'cruelty' in the former case, and 'sadism' in the latter. Cruelty and sadism are different and separate activities and with different aims and different motives. Cruelty, in so far as it is indulged in for its own gratification is a perversion of self-assertion: sadism in as much as it gives rise to sexual feelings is a 'sex-perversion.'

The aggressive tendency, manifest as self-will in biting, kicking, or hitting, etc., becomes *dominant* from about the age of 18 months to three years of age, when it is a normal and natural tendency. Being normal, we can see no just reason to call the period of life when these impulses are naturally most dominant, the 'sadistic' phase. That would be to call a normal psychological phase by the name of its pathological manifestation.

Similarly with masochism, which appears to be a manifestation of *submissive impulses*, or, as Freud calls them, "impulses with passive goals." The submissive impulses which lie at the root of masochism appear to be derived from at least three sources: the submission of the

child to the parent; the submission of the individual to the herd; and the submission of the female to the male. That is to say, the submissive impulse is derived from three sources, self-preservative, social and sexual. Only this last is distinctively sexual; the first, submission of the child to the parent and to a large extent the second, submission of the individual to the herd, are not sexual but directed towards the safety, protection and self-preservation of the individual. Submissive tendencies in childhood are expressed in nestling into the mother's breast, rocking to and fro, and other such passive experiences. The child seeks to be near its parent. Such nearness, passivity and submission are biologically necessary to self-preservation amongst mammals and are encouraged by the pleasurable feelings associated with them. But such gratification does not necessarily constitute it sexual. If the tendencies pass naturally into the service of sex, they take their place as normal tendencies of sexual life, the natural and gratifying submission of the female to the male, a tendency which of course is manifested in early childhood as well as in adult life. If these tendencies of submission are morbidly manifested they tend to persist and, fusing with sex feelings of a later age, combine to give rise to the sex perversion of masochism: when therefore we analyse masochistic tendencies of adults we frequently discover their origins in the pleasurable submission of the infant to the mother. Feelings of dependence are most characteristic of the first year of life, as self-assertive tendencies are most dominant in the second and third.

The actual origin of this tendency and those of self-assertion and curiosity and self display are not yet sufficiently elucidated for us to be certain whether these impulses themselves should be classed as sexual, but most of the evidence so far goes to prove them to be originally non sexual and only to be secondarily sexual in that they are subsequently utilised for sexual ends. In so far as they are utilised for sexual ends, as in sexual curiosity, or the overmastery of the female by the male, we may call them sexual, but this should not extend to a systematic definition of the impulses as themselves sexual.

(e) We come now to a number of pleasurable activities and impulses like thumb-sucking, urination and the passing of motions. *These do not themselves come under the terms of our definition*, since the impulses to which they give rise do not naturally lead to reproduction, but to ends which are egotistic. In so far as they enter into perversions associated with ordinary sex feelings we may class them as sexual. But neither the activities themselves nor the pleasures derived from them should be called sexual.

These activities are of two kinds; those which actually fulfil their biological functions (such as sucking the breast) and those which take the form of a pure indulgence without reference to any further end (like thumb-sucking).

It is not clear whether Freud regards as sexual *both* these forms of sensuous gratification, or whether he regards only those activities as sexual which are indulged in for their own gratification. The latter view is suggested in passages in which he speaks of sucking as sexual which has "no other object but that of obtaining pleasure"—"its only purpose is in the pleasure derived¹." These passages suggest that the activity of sucking which obviously belongs to the nutritive instinct, becomes sexual as soon as it is indulged in *for its own gratification*, when its only purpose is the pleasure derived.

But is not this always the case as far as the child's conscious 'purpose' is concerned? Are we to assume that the child sucks for any other reason than that of gratification? The infant knows no such distinction: its 'purpose' is never anything but the pleasure derived, whether it be the breast or its thumb.

Are we then to say that the sucking impulse is an expression of the nutritive instinct when it actually nourishes and sexual when it does not; that it is nutritive when milk is absorbed and sexual when saliva is swallowed; that sucking at the breast is nutritive, but as soon as the child after feeding lies contentedly back upon its mother's breast and sucks its thumb, it is sexual?

To define an instinctive activity according to whether it actually attains its biological end or not is to do violence to scientific classification. We cannot doubt that it is the same impulse in either case whether it achieves its end or not. It is true that the subjective experience of sucking the breast differs in some measure from thumb sucking, for the activity is associated with hunger in the one case, and not in the other. This justifies us in putting them in a different category and looking upon thumb-sucking as a perversion—a perversion of the nutritive instinct—we are not justified in transferring it completely to another instinct and calling it sexual.

Elsewhere Freud and other psychoanalysts *extend the term sexual to apply to all forms of sensuous gratification*.

Hug Helmuth² argues that because an infant enjoying blissful sensations behaves similarly to that of an adult enjoying sexual sensations,

¹ *Introductory Lectures*, p. 264.

² *A Study in the Mental Life of the Child*.

it is sexual. There is sensuous pleasure both in being replete and in sex satisfaction: but as Gordon¹ says: "Things that are examples of the same principle are not themselves identical." That 'same principle' is of course the feeling of sensuous gratification, which is common to both activities but which does not therefore make them identical. We can call these infantile sensations sexual only by identifying the sexual with the sensuous.

Again, Dr Glover² speaks of sucking at the breast as 'libidinal.' This seems to me a perfectly justifiable use of the term 'libidinal,' taking this term to mean a striving after sensuous gratification. But if by libido we mean, as the psychoanalysts do, "the force by means of which...the *sexual* instinct...achieves expression³" this commits us to the view that sucking at the breast is sexual in that it is libidinal. Indeed sucking is obviously both sexual and nutritive.

Lest there should be further doubt as to the use of the term sexual, as synonymous with sensuous, let us return to Freud himself. Two quotations must suffice to show this identification. Freud says: "The gratification (of sucking) can only be attributed to the excitation of the mouth and lips, hence we call these parts of the body the erotogenic zones and the pleasure derived from them sexual." It is difficult to follow this argument. Why should sucking be called 'sexual' because it is "attributed to excitation of the mouth and lips"? It is impossible to say, unless we assume that sex is synonymous with sensuous gratification. Elsewhere he is even more explicit: he says: "The sexual excitation produced by these influences (sensations from the skin, joints and muscles) seems to be of a pleasurable nature—it is *worth emphasizing that for some time we shall continue to use indiscriminately the terms 'sexual excitement' and 'gratification,'* leaving the search for an explanation of the terms to a later time⁴." Here the conception of sex and pleasurable gratification are so identified that the terms are used indiscriminately. I have simplified the argument by taking the one illustration of sucking: the same reasoning applies to the other pre-genital activities.

It appears then that while Freud charges others with narrowing down the use of the term 'sexual' to mean 'genital⁵,' he himself makes the

¹ *Journal of Neurology and Psychopathology*, Nov. 1922.

² *Social Aspects of Psycho-analysis*, p. 49.

³ Freud, *Introductory Lectures*, p. 263.

⁴ *Three Contributions*, p. 62 (*italics mine*).

⁵ *Three Contributions*, p. 43.

fundamental mistake of extending the term sex to mean 'sensuous gratification.' What is the justification for making the identification, and for ascribing the term sexual to those early sensuous activities?

First, the clinical evidence; namely, that the sexual disorders of adult life, when clinically analysed, lead us back to these infantile pleasurable activities.

Secondly, that stimulation of the pre-genital zones in children produces genital sensations. This is true, but may be explained as merely an example of surplus excitation, which spreads from the original zone to all parts of the body. Shall we also argue that because tickling often gives rise to anger, that the sensation of tickling belongs to the pugnacious instinct?

Thirdly, that the activities of the pre-genital zones are organised and brought in subordination to the genital (or phallic) zone. There is continuity of development from the beginning.

Fourthly, that we find these activities persisting in the sexual perversions.

Fifthly, that it is difficult to say where the sexual begins, since the same common feeling characterises these infantile activities as well as the definitely sexual tendencies of adult life.

Let us briefly examine these arguments.

There are very strong *clinical* arguments for the identification of these activities with the sex instinct. If one investigates the origin of sexual activities in adult life, especially the abnormal, one is ultimately led to activities in childhood of a pleasurable nature, associated with bodily functions like sucking or defaecation. "As you know," says Freud, "we call the doubtful and indefinable activities of earliest infancy towards pleasure 'sexual,' because in the course of analysing symptoms we reach them by way of material that is undeniably sexual¹." Since the clinical association between these infantile activities and later sexual life is so intimate it is natural and convenient for clinical purposes to group them all as 'sexual.' But apart from the clinical, these arguments appear to be quite inadequate.

It is a complete misinterpretation of the biological functions of these infantile sensuous activities to call them sexual.

Freud describes systematically the phases of development of the sexual organisation, saying that "the partial impulses, under the primacy of one single erotogenic zone, have formed a firm organization for the attainment of the sexual aim in a strange sexual object." He again

¹ *Three Contributions*, second edition, p. 58.

refers to this as "the subordination of all the sexual component instincts under the primacy of the genital zone." It is argued then that these so-called erotic activities (oral, anal, etc.), are sexual, because in the development of the individual they normally 'pass' over (*Three Contributions*, p. 52) to the sexual. We do not deny the facts of such infantile sensuous gratifications—they are admitted in every nursery—nor do we deny that these activities appear in the sex perversions; but we do dispute the theory which interprets these facts and which ascribes such activities to the sexual instinct.

There are certain biological functions which are necessary to the survival of the individual, such as sucking and defaecation. All such biological activities successfully expressed, give pleasure, and this pleasurable element serves to encourage the persistence of the activity and so to establish it as a habit.

It is biologically necessary that a child should suck, and this activity at first performed reflexly in response to the external stimulus, is later sought for the gratification it brings. This gratification therefore tends to make the function of sucking persist. It is necessary that a child should excrete, and this is encouraged by the pleasure in passing motions. Similarly with the pleasure in passing urine, characteristic of early childhood. It is biologically necessary that a child's skin should have free access to air to throw off the impurities by means of this excretory organ, so the child loves to have the winds play upon its naked body. (Nudism is not necessarily exhibitionism.) Reproduction is biologically necessary for the continuance of the race, and this is encouraged by the pleasurable stimulation of the sex organs. In this way we have various activities, sucking, defaecation, genital, maternal, each phase succeeding the previous one and each during its phase of activity being accompanied by pleasurable feeling tone, the pleasurable element encouraging the establishment of the habit. When the habit is thus established, that is to say, when what we conceive to be its purpose has been served, there is no further need for the pleasurable element to be so prominent, and so it passes to give way to the next phase, in which another form of gratification becomes most pronounced.

It is therefore, in the first place, a misnomer to call these activities 'perversions' at all; they are normal and valuable biological functions.

It is again not true to say that the earlier conative tendencies, like the pleasures of sucking, are 'organised into' the later sexual activities, still less can you 'organise' one form of sensuous gratification into another. All that has happened is that one physiological activity

emerges after another and so the centre of gratification shifts from one zone to another. What evidence is there that anything more than this happens? What justification for saying that the earlier are 'organised' or 'subordinated' to the later?

All we are justified in saying is that the earlier forms with their gratifications pass away, and normally give place to the later forms as they become established as habits; it is only in abnormal cases that they persist and become organised with the later sexual impulses to form perversions. Further, why stop at the genital? It is true that the other zones tend to give place to the genital. But this is not the end of the process; for in the normal woman sex desires tend further to become subordinate to *maternal* activities, the chief object of love being the child, the 'erotogenic zone' being the breasts. The end of the biological process is not sex gratification, but the reproduction and care of the offspring; this, like all such biological functions, is associated with pleasurable feeling tone. Shall we therefore argue that the other zones, including the genital, are 'subordinated' to the breasts and the maternal impulses, and that all these forms of gratification should therefore be termed maternal and regarded as 'partial impulses' of the maternal instinct? Why stop short at the genital zone?

This leads us to the fourth argument in favour of regarding these early sensuous tendencies as sexual—that they appear in the sex perversions of later life. We have already distinguished two stages; first when the activity, say sucking, is associated with the taking of food; second, when it is indulged in as a pure gratification and without reference to its biological end.

If for any reason the earlier sensuous gratification does not naturally pass but becomes fixated, it tends to persist into later life. There are thus two competing tendencies, an early attachment say to the breasts, and a later sexual one. A compromise is effected in which both are gratified and neither is satisfied, namely in a *perversion*. So, to give an illustration, masochism with its sexual excitement may be clinically traced to the feeling of dependence at the breast. The perversion is thus compounded of two sensuous tendencies, an early infantile activity and later emerging sexual impulses. That these earlier sensuous activities are united with later sexual ones to form the perversions, does not constitute them sexual.

In so far as the perversions are associated with sexual feelings they are to be classed as sexual, but that does not justify us in regarding as sexual these earlier forms of gratification which are only sexual in their secondary abnormal association with sex feelings.

This leads us to the fifth argument. It is difficult, we are told, to know where to draw the line between sex feelings and other infantile gratifications. It is, if we define instinctive tendencies in terms of feeling or affective tone instead of defining in terms of direction or ends. An element of sensuous gratification lies beneath and behind them all, and in this respect they are all the same. Ultimately, whatever form of mental process we start analysing, we reach a common mental factor so primitive that there is no distinguishing one state from another in so far as they contain this common quality. This primitive element of consciousness is perhaps of the nature of *feeling*, whose chief qualities are pleasure and displeasure¹. Feeling is characteristic of all mental experiences, being more strongly experienced in the lower more primitive experiences like organic sensations and the instincts, than in the higher more differentiated mental experiences like philosophic thought. If we then regard 'feeling' as at least one of the primitive elements in consciousness it is not surprising that when we analyse our definitely sexual activities, or instinctive activities like sucking and defaecation, we find that they reduce themselves to the same element of pleasurable feeling.

There are many forms of sensuous gratification which accompany successful conative expression, of which sexual gratification is only one, though at the same time the most important for clinical purposes. But that is no reason for calling the undifferentiated mental condition of sensuous gratification by the name of even its most important form of differentiation, namely 'sexual.'

But if we define instinctive tendencies in terms of their biological ends, there is no difficulty in distinguishing these early infantile tendencies from the sexual, whose end is reproduction.

Freud admits the existence of a 'nutritive instinct' as well as a sexual instinct², and yet he calls an activity of the nutritive instinct, namely, sucking, sexual³.

We presume that Freud calls these sucking activities the 'nutritive

¹ Probably if the Amoeba has consciousness at all it merely feels—has a generalised feeling of pleasure or discomfort, the discomfort giving rise to its conscious conative tendencies, and the pleasure resulting from the successful expression of them. Out of this primitive form of consciousness there emerge two lines of differentiation; along one line the feeling becomes localised as sensations, and then becomes further differentiated into the higher cognitive processes; along the other line, the feeling initiates conative tendencies like the impulses. Thought is but the *shape* that feelings take; impulses and will their movement.

² *Introd. Lectures*, p. 263: "In every way analogous to *hunger*, libido is the force by means of which the instinct, in this case the sexual instinct, as, with hunger, the nutritive instinct, achieves expression."

³ *Ibid.* p. 275: "The sexual activity of sucking."

instinct' because their *end* is nutrition: that is to say, he defines the instinct in terms of its end. But when we come to the sexual instinct he does not define it in terms of its end, namely, reproduction,—indeed, he definitely argues against this definition,—but in terms of its feeling tone, describing activities as sexual because of their gratification. Instincts are thus sometimes defined according to their biological ends, and at others according to their feeling tone. Either basis of classification may be justifiable, but to use both at once, is not only unjustifiable in principle, but leads to inconsistencies like that of describing sucking at one time as nutritive, another time as sexual, this variation depending on whether we define this instinctive activity in terms of its end or of its feeling tone.

If we are going to define the nutritive instinct in terms of its end, we must also define the sexual instinct in terms of its end, which is reproduction. There is no real justification, then, for calling these infantile gratifications sexual, extending the use of the term sexual till it becomes synonymous with sensuous gratification. Indeed, the psychoanalysts have perverted the use of the term sexual.

But, it may be asked, considering the clinical convenience for this extended use of the term sexual, what objections are there to the use of the term to cover the tendencies commonly grouped as infantile sexuality?

(i) It does violence to the ordinary biological use of the term which lays stress, of course, on the element of reproduction. I do not hold that psychology should be the handmaid of biology but let them at least not be antagonists.

(ii) It must lead eventually to an identification of the sexual with the egotistic impulses, since egotism and self-preservation are nothing else but self-love. Indeed, 'shell-shock' conditions have already been interpreted by psychoanalysts as sexual. Just as this identification leads to pan-sexualism so others would carry the identification in the direction of the ego and explain sex in terms of egotistic impulses.

(iii) Finally it gives rise to confusion in the classification of the instincts, classifying them at one time according to their ends and at another according to their common sensuous quality, and describing sucking, for instance, sometimes as sexual, sometimes as nutritive.

These arguments against the extended use of the word sexual are so strong that they far outweigh the clinical advantage.

When we ask then why Freud does not withdraw such use of the term we are offered this argument: "One can never tell where that road

may lead one; one gives way first in words, and then little by little in substance too¹."

Is this argument as weak as it sounds, or does it mean that Freud suspects that with its abandonment his whole conception of these infantile tendencies will have to be revised?

Misunderstanding could have been avoided if we had retained the distinction which ordinary language offers us, between the *sensuous* and the *sexual*—the sensuous having reference to all forms of physical pleasure or gratification whether or not the pleasure is experienced in the attainment of some biological end, or purely for its own gratification: and the term sexual being retained for these activities whose natural end is reproduction².

Having defined 'sex' in this way, we may add a note to distinguish it not only from the term sensuous, but also from the terms 'libido,' 'love' and 'erotic.' Freud uses these terms—erotic, libido, sex, love—as descriptive of the same mental experience³. That these words, derived as they are from different languages, originally referred to the same general experience, we shall not dispute. But the value of retaining such different terms in our language is that they may be used to distinguish in a concise way mental processes which though primitively related have, in the course of mental evolution, become differentiated⁴.

The term sex generally signifies the whole instinct in its cognitive, affective, but perhaps more especially in its 'conative' aspects, towards reproduction.

When we speak of the 'erotic' we think of the sexual instinct in its sensuous and affective side. In thinking of 'erotic tendencies,' we refer not to their end but to their feeling tone, their sensuous gratification. Since the emphasis in the term erotic is upon the pleasurable element it is with some justification that we apply the term erotic to the sensuous gratification found in other than sex activities, like that of sucking and defaecation, in the terms 'oral erotic,' 'anal erotic.' On the

¹ *Group Psychology*, p. 39.

² It seems to me that the facts could have been put just as clearly and with less misunderstanding by referring the cause of the psychoneuroses to sensuous gratification of childhood, and demonstrating to us the essential link of connection between these early forms of gratification with the later gratifications of sexual life, without doing violence to the ordinary and biological use of the term sex.

³ *Group Psychology*, pp. 38–40.

⁴ Thus the terms 'populace' and 'population' both refer generally to the same thing, yet they are used of quite different aspects of this thing.

other hand, the term 'libidinous' carries with it the sense of craving, striving or seeking for gratification. Like hunger, it emphasises the conative rather than the sensuous aspect. I should suggest that it be used for the craving for gratification of all kinds, of whatever instinct, including the infantile non-sexual gratification of sucking. This use of the term differs in substance very little, if at all, from the psycho-analytic: it differs however in definition for it is a striving after sensuous gratification not the sexual only. It has also, as we know, been used by Jung in a still wider sense as practically equivalent to psychic energy, but still retaining its conative significance.

The word love must be distinguished from sex, in that it is a sentiment¹ consisting of a group of emotional tendencies of which the sexual is only a part. Love is an activity of the whole personality with varying emphasis on different emotional tendencies, not merely of one instinct. In this sentiment of love the sex impulse is sometimes dominant, as in the 'lover'; but at other times other emotions are dominant, such as the aggressive emotions in patriotism, and the maternal emotions in the 'love' of a mother for the child. So we may have sex feelings towards one we do not love in the full sense². We speak of *auto-erotic* when we wish to emphasise the sensuous gratification a child has in its own body and its physical sensations; but *narcissism* is self-love, being an activity of the whole personality towards itself.

To summarise these differences; sex differs from erotic in that it emphasises the whole conative as well as the sensuous element; it differs from libido in that while the latter may refer to all pleasurable cravings, sex refers to those only whose natural end is reproduction; it differs from love in that it is the activity of only one instinct (of several components it is true), whereas love is an activity of the whole personality.

¹ McDougall says: "Sex love is a complex sentiment, and in its constitution the protective impulse and tender emotion of the parental instinct are normally combined with the emotional conative disposition of the sex instinct, restraining, softening, and ennobling the purely egoistic and somewhat brutal tendency of lust." (*Social Psychology*, 14th ed. p. 394.)

² In one passage Freud seems to approximate to this view. He says: "We speak of 'love' when we lay the accent upon the mental side of the sexual impulses and disregard, or wish to forget for a moment, the demands of the fundamental physical or 'sensual' side of the impulse." (*Introduct. Lectures*, p. 277.)

THE CONCEPTION OF SEXUALITY (II)¹

By JAMES GLOVER.

I TAKE the object of this symposium to be a discussion of the conception of sexuality and of what phenomena it may legitimately and usefully include.

To begin with, I disagree entirely with Dr Hadfield's initial contention that the progress of modern psychotherapy has been seriously impeded by "the lack of definition of the term."

If he means by this that contemporary psychotherapists have refrained from availing themselves of the advances in knowledge and technique achieved by Freud, owing to puzzlement as to what Freud means by the term sexual, when he extends its application to phenomena not hitherto described by anyone as such, I can only point out that on the contrary their opposition arises from the fact that they apprehend only too clearly what he means, but vigorously disagree. As Dr Ernest Jones has forcibly pointed out "the heresy is not one that can be remedied by a dictionary²."

Moreover, the progress of Psycho-Analysis itself has strikingly illustrated the relative unimportance of these rigid definitions which understandably rank so highly in the esteem of the general psychologist. Freud admittedly worked with conventions with a significant relation to empirical material, widened by later experience and perhaps formed still later into definitions with invariably some exceptions³; and he has repeatedly insisted on the provisional nature of his theoretical constructions, while insisting on the unambiguous recognition of the facts which they are intended to hold together in a comprehensible relationship. The real dispute is over the facts and not over niceties of definition.

Towards the end of his paper Dr Hadfield quotes Freud's view (regarding concessions to prejudice in this question of nomenclature) that "one can never tell where that view may lead to: one gives way first in words and then little by little in substance too," but he does not seem to realize that Freud is here defending no theory but the recognition

¹ A contribution to a discussion at a meeting of the Medical Section of the British Psychological Society on March 25th, 1925.

² *Collected Papers*, 3rd edition, p. 27.

³ *Triebe und Triebchicksale*. Sammlung kleiner Schriften. Vierte Folge, pp. 252-3.

of facts against the admission of which strong prejudice unquestionably exists.

Nevertheless Dr Hadfield's plea for the fullest possible discussion of the conception of sexuality is one which all psycho-analysts will welcome.

Two criteria at once become obvious: (1) the teleological, (2) the descriptive. In other words, is any given tendency to be described as sexual and included in the concept of sexuality, because it demonstrably subserves some intellectually apprehended result achieved by sexual impulses, or are we justified in terming it sexual because a study of its characteristics reveals a psychological identity¹ with tendencies called 'sexual' by common consent?

There remains a third criterion, the *genetic*, which I hope to show can resolve the apparent discrepancies between the simple teleological and the empirically descriptive standpoints.

It is necessary here to correct a misapprehension of Dr Hadfield's regarding Freud's basis of instinct classification. He says: "We presume that Freud calls these sucking activities the 'nutritive instinct' because their *end* is nutrition, that is to say he defines the instinct in terms of its end," and goes on to point out that inconsistencies arise when instincts are classified *both* descriptively and in terms of biological end.

On the contrary Freud's grouping is based on the *psychological* characteristics of the impulses in question. He merely points out that, when considered *from the genetic standpoint*, his grouping does not conflict with a broad biological separation into two main groups. The confusion arises from his occasional use, *e.g.* of the term 'nutritive instinct' as a synonym for eating-impulse.

Dr Hadfield attempts to effect a strict delimitation of the term *sexual* by applying a simple teleological criterion. He defines "the sexual as that group of impulses whose 'natural end' is reproduction." Now, while I think that the term 'natural end' is open to objection as savouring of an obsolete teleology, I agree that we cannot avoid speaking of instinctual impulses as having what we prefer to call a *goal*. But it is necessary to distinguish very clearly between the biological goal of an instinctual impulse and its psychological goal. Rightly or wrongly the biological student may say of such an impulse that its sole *raison d'être* is the perpetuation of the species, but for the empirical psychologist the goal of an instinctual impulse is, not an intellectually apprehended consequence which may be temporally remote, but the actual appropriate *situation* which brings its drive to an end.

¹ See second paper, p. 200.

Thus psychologically speaking, the 'natural end' of the conative activity occasioned by hunger is not nutrition as envisaged by the physiologist but the act of eating.

It is true that many civilized persons *rationalize* their eating impulses, by laying emphasis on the subsequent process of nutrition, regarding eating as an unworthy activity unless *justified* by intellectual concentration on its results as revealed by the chemistry of metabolism.

Similarly sexual gratification may be regarded as degrading unless accompanied by the wish for a child.

This rationalizing tendency is further manifested in the tendency to refer euphemistically to the sexual act in terms of its consequences, for Birth, although indecent for many, is nevertheless less indecent than coitus. Thus although Dr Hadfield is clearly emphasizing his teleological standpoint when he refers to coitus as the "act of reproduction," to do so unfortunately coincides with this euphemistic tendency and is therefore to be deprecated in scientific language. There is as much justification for calling coitus "the act of reproduction" as for calling eating the "act of anabolism."

I am obviously leaving out of consideration here the complicated problem of the interplay between Instinctual impulses as such and conscious intellectual appreciation of their results, a good example of which would be the impulse to drink sea-water in the face of intellectual appreciation of its unsuitability. At any rate no one would dispute the fact that the impulse to drink provoked by thirst will, in the last resort, overcome all intellectual considerations as to metabolic results!

These preliminary criticisms, however, do not dispose of Dr Hadfield's insistence on a teleological criterion. He might admit the force of these objections and meet them by modifying his definition "of the sexual into that group of impulses whose 'natural end' is coitus."

Such a modification would constitute a substantial concession to the Freudian standpoint but would not satisfactorily dispose of outstanding differences in our respective points of view.

It is necessary therefore to follow him through his critical survey of the applicability of the term sexual.

Coitus is included, as is direct stimulation of the sexual organs, "for the stimulation of these organs naturally tends to the desire for the normal sexual act" (the phenomenon of masturbation is here too hastily disposed of). He admits that *e.g.* tickling and anal sensations may produce erection but characterizes these consequences rather mysteriously as due to 'surplus excitation,' which seems to me to beg the whole

question of local erotogenicity and its capacity for displacement from one erotogenic zone to another. Long before the Freudian formulation of libidinal displacement, it was recognized for instance that stimulation of the nipple produced, not only libidinal sensations in that area but associated libidinal sensations in the genital. Freud's libido theory at least gives an intelligible account of this 'surplus excitation.'

Dr Hadfield next considers self-display, curiosity, self-assertion and submission.

He admits a sexual element in self-display but does not seem to realize that in respect of this, as of other impulsive tendencies, all that Freud postulates is an *admixture* of sexual with Ego-components, so there is here no real difference of opinion.

The psycho-analyst however would not accept Dr Hadfield's contention that 'nudism,' which he attributes to the child's biological need "to have air play on the naked body," is devoid of libidinal motivation. Skin erotism and narcissism account more truly for the masturbatory impulses which arise so frequently when this wish is gratified. Moreover, why restrict this 'biological' need to children? What about adults?

He includes 'sex perversions' in his conception of sexuality, because these *arouse* feelings in the "sex or genital organs which are themselves indistinguishable from those experienced in normal sex desires."

That is to say, he calls the perversions sexual, inasmuch as they *arouse* impulses whose natural end is reproduction. They are not *in themselves* manifestations of sexuality. Here is seen the weakness of his teleological criterion. Nothing is more certain than that the pervert derives from his activity a form of pleasure *identical* with the pleasure derived from coitus. It is for this reason that Freud, in common with the ordinary observer, regards the perversions as sexual, and *not* because they cause genital excitation which normally would result in coitus. To look at the matter in this way is in reality to retain the strict limitation of the conception of sexuality to genital activities biologically destined to end in reproduction, and as we have seen he has discarded this equation.

Another weakness in this teleological conception is that it is a 'one-way' conception, whereas the facts demand a 'two-way' conception. It is true that excitation of a component-instinct or a non-genital erotogenic zone may excite genital impulses leading to or which might lead to sexual congress, but conversely genital excitation may precede and lead to the strong excitation of component-instincts and non-genital zones, bringing about behaviour appropriate to their libidinal

gratification. The excitation can pass both ways, a fact which becomes of paramount importance in the case of what is called *Regression*.

Dr Hadfield thus, in spite of his disavowal, apparently limits his conception of sexuality to genital activities which result in reproduction and only in a loose sense extends the adjective sexual to comprehend events which, by *stimulating* genital activities, subserve reproduction. This extension of the term sexual is logically much more comprehensive than Freud's. It is at least much too comprehensive to be of any real value. Where is he going to draw the line?

Moreover he himself refutes this point of view by pointing out that, "things that stimulate the sex instinct are not themselves necessarily sexual"; and he would, I think, agree that the number of things that can stimulate sexual desire in man is practically unlimited, ranging from a beautiful sunset to the sight of an old boot. No psycho-analyst will quarrel with his contention that as yet we know too little of the psycho-genesis of such impulses as curiosity, etc., to dogmatize as to their derivation. All that Freud insists is that *e.g.* curiosity in childhood becomes invested with a strong libidinal component. The intimate intertwining of this libidinal component with the less understood Ego-component is interestingly borne out by the fact that repression of the libidinal component can effect a striking diminution in the strength of the Ego-component, a state of affairs which can be rectified by child analysis.

Dr Hadfield asserts that "a child's curiosity in its faeces or in the passing of its water is not essentially different from its interest in its food or in strangers." Fortunately here we can ask the child himself to arbitrate, because he discriminates in a most dramatic way between the two sets of interests. Even before repression finally sets in he behaves in respect of the first exactly as an adult tends to behave in respect of his direct sexual impulses, *i.e.* with shame, guilt, etc., and is vociferously and unashamedly articulate in respect of the second. For this reason alone it can hardly be maintained that the two sets of curiosities are identical. It might of course be argued that if Ego-curiosities were exposed to the same atmosphere of parental taboo the child would behave in respect of them exactly as it does in respect of its 'naughty-nasty' interests. But it seems in the highest degree probable that, while the Ego-reactions of shame, modesty, disgust, guilt, etc., that develop in connection with tabooed curiosities and interests are largely derived from originally external attitudes of parents and their substitutes, the child in some way meets this external pressure with inherited readiness.

In any case if valid this objection only takes the argument a step further back, for one has then to explain why the parents differentiate so strikingly between the two sets of interests.

While Dr Hadfield's treatment of sadism and masochism differs in several important respects from that of Freud the difference most relevant to the present discussion is as follows.

Both writers agree that the aggressive impulse which is the basis of sadism is originally, as Dr Hadfield says, 'egotistic' (or more strictly speaking egoistic) and only later becomes as it were sexualized, but while Freud considers that the aggressive impulse acquires libidinal significance in early childhood, Dr Hadfield maintains that it cannot be called sexual until it meets the requirements of his formula and is "normally directed to sexually loved objects and arouses impulses whose natural end is reproduction," *i.e.* in the aggression of the sexually mature male. Here the weakness of the one-way conception is perhaps specially apparent, for a sexual situation begun with a minimum of aggressive impulse may, when libidinal excitement radiates, awaken strong sadistic impulses either consciously inhibited or expressed in playful acts of biting, etc., and that in individuals whose sexual life could not legitimately be termed abnormal.

But more evident and serious objections to this arbitrary limitation are based on (1) observation of children, (2) subjective evidence of (a) identity, (b) continuity of erotic accompaniment of early and late situations in which aggression is directed towards another or submitted to by the self.

The classical 'beating phantasies' found in persons whose libidinal interest in aggression hardly constitutes a perversion, since they do not necessarily replace normal sexual gratification, constitute a case in point.

Erection and other signs of sexual excitation have been observed in children as accompaniments of their aggressive behaviour to others or submission to the aggressive behaviour in others. Fantasies reconstructing such situations continue to evoke erotic sensations and, when sexual maturity is reached, an identity is experienced between the sensations evoked by beating fantasies and by coitus. In mild instances pleasurable dwelling on the beating fantasies is relinquished in favour of coitus: in more marked cases coitus can only be achieved by continuing to dwell on the beating fantasies. I confess that in the face of such clear evidence I am puzzled to see any scientific objection to recognizing an early sexual component in aggression.

Dr Hadfield disposes of the inconvenience threatened to his formula

by the sexual perversions, by falling back on an alternative hypothesis according to which (if I understand him rightly) the infantile impulses, which we regard as in part libidinal and in part egoistic, are entirely Ego-impulses, perversions resulting when these Ego-impulses are 'morbidly manifested' and "tend to persist, fusing with sex feelings of a later age." Freud's version of this state of affairs is that Ego-impulses and Ego-functions are 'morbidly manifested' when they become excessively invested with libidinal significance, and he adduces a wealth of clinical and other evidence for this view. It seems to me that the words 'morbidly manifested,' like 'surplus excitation,' really beg the question. At any rate I await with interest the production of clinical or other material supporting this view. Meantime we may put it to the test of explaining known facts.

Since Freud admits that from the first the component-impulses of infantile sexuality are closely interwoven with Ego-impulses, a clearer issue can perhaps be established in the case of perverted sexual gratification, depending on stimulation of a non-genital erotogenic zone. Take the case of a child who derives obvious guilty and defiant gratification from stimulating his anus, withholding stools, etc., who continues to practise anal masturbation at intervals throughout the latency period and who, at sexual maturity, becomes an anal pervert. In such a case, what is the Ego-impulse 'morbidly manifested' which tends to fuse with sex feelings of a later age? There is here on the contrary the clearest continuity with no fusing at all. In such a case the anus is consistently treated "*as if it were a genital*," i.e. the gratification of its excitability is a *sexual gratification*. Again, take a case of shoe fetishism in which the child experiences erection on beholding or handling the shoes of its mother or its nurse and continues throughout life to experience erotic excitement at the sight of women's shoes. Such cases are incontrovertible evidence of continuity and in all cases of perversion analysed such continuity is made manifest.

Dr Hadfield would substitute for this simple explanation a much more complicated and mysterious one and according to a well-known canon of scientific acceptability the onus of proof is on his side.

I can see no possible advantage in his alternative theory of the perversions save the (here) irrelevant one that it absolves the child of experiencing excitations genetically continuous with and psychological of the same qualitative nature as adult sexual excitations.

His plea for the substitution of the word 'sensuous' for the Freudian term 'libidinal,' as descriptive of such excitations in childhood, points

in the same direction. One is here reminded of the fact that the word 'sensuous' is frequently used to denote euphemistically erotic experience, less strongly toned or less directly genital in character than those disapproved of in the term 'sensual,' but Dr Hadfield goes as far as to say that even genital excitation in the child is merely 'sensuous' and not 'sexual.'

He has clearly recognized and fully admitted the fact that certain interests and activities, some of them alien or repugnant to adult minds, constitute pleasurable toned experiences for the child which are frequently associated with genital excitation (although he does not do justice to other than merely physical concomitants of these gratifications), and he has also recognized that these infantile tendencies are in some way linked on with later psycho-sexual development; but he refuses to extend to them even in the genetic sense the descriptive term 'sexual' and pleads for the term 'sensuous' until the tendencies in question subserve the biological goal of fertilization in adult life. This is tantamount to maintaining that the sexual instinct manifests itself *de novo* and without developmental background when sexual maturity is reached.

Now leaving out of account Freud's deeper researches into what he considers to be libidinal manifestations in earliest childhood and restricting ourselves to those more obvious phenomena which come within the scope of ordinary observation, can this position be maintained without doing violence to ordinary inference?

For instance, when a young mammal (*e.g.* the kid)¹ makes abortive attempts at coitus on the day of its birth, are we to describe this as an Ego-tendency which must not be called sexual till sexual maturity is reached?

Again, is direct stimulation of the child's genital organs, either by itself or by another person, followed by a state of physical and psychical excitation closely resembling adult sexual excitation, both from the point of view of observation and of subjective identification, to be regarded as non-sexual merely because they cannot at that time subserve the 'natural end' of reproduction? Further, are actual instances of coitus between children during the latency period, such as Malinowski has reported² as fairly frequent in a primitive community observed by him and which are by no means so rare in civilized communities as is generally supposed, to be regarded as non-sexual because they cannot, owing to sexual immaturity, subserve the 'natural end' of reproduction?

¹ Verbal communication from Mr Tansley.

² *Psyche*, Oct. 1923, Vol. iv, pp. 318-19.

I do not suppose that Dr Hadfield would seriously maintain such a position, but to abandon it is to admit that manifestations of sexuality occur in childhood and to re-open the whole question of infantile sexuality.

Of course it is obvious that the adoption of such a vague and comprehensive term as 'sensuous' enables us to ignore the genetic significance of those tendencies which Freud has boldly designated as developmental precursors of adult sexual experience, just as its indiscriminating application to adult experience would enable us to ignore the erotic nature of many tendencies which are in fact manifestations of sexuality, and it is precisely this obscurantist significance of the term against which I wish to protest.

Dr Hadfield next examines psycho-analytical evidence for describing as sexual infantile tendencies and experiences which he proposes to designate without differentiation as 'sensuous.'

He admits that there is strong clinical evidence for the Freudian standpoint. In his own words, "if one investigates the origin of sexual activities in adult life, especially the abnormal, one is ultimately led to activities in childhood of a pleasurable nature." Again, "moreover the patient himself recognizes subjectively the essential identity of these experiences."

But while recognizing the convenience from a clinical standpoint of grouping these experiences as sexual, he considers that this convenience is outweighed by other considerations.

Before considering these, it is necessary to point out that the clinical evidence above mentioned does not include the most important and striking argument of all, namely the phenomenon of *regression*, which shows that not only have libidinal tendencies traversed a certain continuous path of development, but that they can, under certain circumstances (external or internal deprivation), retrace it in the opposite direction to early points of libidinal fixation.

Proceeding to further arguments he disposes of the contention that, *e.g.*, sucking has a libidinal component even when it is accompanied by erection because this is an example of 'surplus excitation.' As I have already said, this begs the question of the nature of this surplus excitation, which, as previously pointed out, can work in two directions: (1) from an erotogenic zone to the genital, (2) from the genital to an erotogenic zone. It was precisely to account for this displaceable excitation that Freud formulated his libido theory.

Dr Hadfield adduces several arguments against accepting the im-

pressive one of continuity of development from pre-genital to genital excitations.

He points out quite correctly that all instinctual gratification in the child is accompanied by pleasure. The ingestion of milk is a gratification no less than the relief of the excitability of the oral mucous membrane and he is also correct in assuming that in the act of sucking these two gratifications are closely commingled. Indeed, there is a hypothetical stage at this point when his term 'sensuous' as connoting a relatively undifferentiated stage of instinctual gratification would not conflict with the psycho-analytical view, but Freud insists that, almost from the first, the two commingled instinctual gratifications tend to diverge, to be attended by a different feeling-quality and to bring about different psychological results—the hunger impulse resulting in satisfactory adaptation to an important source of nourishment (if viewed teleologically) and the libidinal gratification (if viewed teleologically) laying the basis of an all-important emotional relationship to an esteemed object—the mother. The argument for psychological continuity is here surely impressive. The gratification derived from the satisfaction of hunger is admittedly qualitatively different from that derived from kissing a sexually loved person, although the archaic commingling is preserved in such phrases as "I could eat you." Still more significant are those cases, of which several are known to the writer, of adults who, at the height of sexual excitement, insert either their own or their partner's finger into their mouths and suck it vigorously. Moreover the clinical material collected by Abraham, shows both genetically and descriptively the most impressive association throughout life of the two tendencies.

Dr Hadfield's main reason for disregarding this constantly demonstrated continuity is that the earlier developed tendencies should not be called by the name of the later, because their functions and aims are quite different. Such an argument clearly rules a genetic psychology out of court, taking no account of the possibility obvious in the case of many Ego-activities that earlier manifestations appear long before they are fully adapted in the biological sense in adult life.

He admits the facts of "infantile sensuous gratifications," adding (I think quite erroneously) that "these are admitted in every nursery" and he further admits that "these activities appear in the sex perversions in later life," but he does not admit any genetic continuity between these 'sensuous' tendencies and experiences in childhood and normal adult erotic life. He will have nothing to do with Freud's conception (based not only on study of development but also on the facts of re-

gression) of stages of libido organization, and attempts a *reductio ad absurdum* by asking "Why stop at the genital?" and pointing out that "this is not the end of the process because in the woman" sex desires tend further to become *subordinate* to maternal activities, the chief object of love being the child, the 'erotogenic zone' being the breasts. And he asks: "Shall we therefore argue that the other zones including the genital are *subordinated* to the breasts and the maternal impulses?"

The confusion here arises from a differing use of the word *subordinated*. When Freud asserts that a component impulse, or the erotogenicity of a non-genital zone, becomes subordinated to genital primacy he means that the libidinal gratification in genital activity reaches a degree of intensification absorbing and focussing other libidinal tendencies and other zonal excitations. Now from this point of view it is not true to say that the nipple, either before or after pregnancy, is normally capable of competing with the genital in respect of libidinal investment, *although it may do so when genital primacy has been imperfectly achieved, e.g. cases of enhanced breast erotism in anaesthetic women.*

Dr Hadfield, on the other hand, is using the word 'subordinated' in a chronological and teleological sense, stimulation of the breasts by suckling coming subsequently to coitus and being associated with the biologically important maternal care of offspring. (I am leaving out of account the fact that in Freud's view the attainment of genital primacy in his sense has much wider psychological implications than normal genital functioning.)

As an alternative theory of development, Dr Hadfield suggests that Nature, as a measure of encouragement to the carrying out of necessary biological functions, sucking, erection, urinating, reproduction, places a pleasure premium on their performance "leading to habit formation after which 'purpose' has been served the pleasurable element becomes less prominent" and so it *passes* to give a way to the next phase. "All that has happened is that one physiological activity emerges after another and so the centre of gratification shifts from one zone to another."

An adequate comparison of this older view with that of Freud would involve consideration of his Repression theory, according to which certain early tendencies to gratification rejected by the developing Ego *do not pass* but retain dynamic investment in the Unconscious; but I have purposely refrained from introducing into the present discussion considerations which cannot be appreciated without special knowledge and experience of the Psycho-Analytical method.

Considerations justifying the Freudian conception of sexuality fall

first of all under two headings: (1) clinical observations, (2) the study of normal psycho-sexual development; and, finally, conclusions drawn from these two sources can be shown not to conflict with a biological-teleological criterion of somewhat wider significance than that of merely subserving the reproductive process. In his somewhat brief mention of clinical evidence Dr Hadfield omits to deal with two highly significant facts.

I. *Regression.* While he admits that adult sexual tendencies can be traced back to infantile tendencies of the sort he terms '*sensuous*,' he does not refer to the interesting fact that adult sexual tendencies can again be replaced by earlier infantile ones.

This phenomenon is most commonly manifested in a disguised form in psycho-neurotic symptoms and often in quite undisguised form in the psychoses, but to meet the objection that neurotic forms of regression require a special technique for their demonstration, it is only necessary to point out that undisguised sexual regression may appear in persons who have, to all appearances, led a normal sexual life before a failure of genital functioning at the climacteric and then regress sexually to some infantile tendency, *e.g.* exhibitionism.

II. *Selective action of Ego-resistance.* Gratification of the sort Freud terms libidinal seems to encounter from the earliest years that resistance on the part of the Ego which in its most complete form constitutes the process of repression, but even before repression is complete libidinally invested impulses and gratifications evoke distinctive reactions on the part of the Ego. This continuity of *conflict* betwixt the Ego and its libidinal trends surely adds an impressive argument to that of the genetic continuity of the trends themselves.

The continuity of normal psycho-sexual development has been established from three sources: (1) observation of children, (2) child analysis, (3) analysis of 'normal adults,' and in recent years evidence from the first two sources has steadily accumulated. However, as analytical data are convincing only to those with experience of the method, I propose merely to scrutinize the adult sexual situation from the alternative standpoints (1) that it results from the emergence *de novo* of a sexual instinct at puberty as Dr Hadfield's thesis implies, (2) that it has behind it a genetic background reaching back to childhood.

Dr Hadfield seems to regard the adult sexual situation as limited to the act of coitus followed by reproduction, extending the concept sexual only to tendencies which by virtue of *arousing* the genital impulse may be called sexual. In addition to previously-mentioned grounds for re-

garding this view as unpsychological, I have to insist on a notable psychological omission, *i.e.* all reference to a decisive factor in the human being, the process of 'falling in love,' with its characteristics of 'over-estimation,' idealization and desire for exclusive possession, jealousy, hatred of rivals, etc.

Now can it be seriously maintained that these tendencies so prominent in and characteristic of the mating impulse in man, originate *de novo* at sexual maturity? On the contrary, are these tendencies not manifested from the earliest childhood and continued throughout life?¹

Again, except in the case of very inhibited or very brutalized persons, the adult sexual situation is not restricted to the intromission of the male genital into the female and consequent orgasm. It includes a normal stage of fore-pleasure, in which the infantile sexual components of viewing, exhibitionism, sadism, masochism, etc., receive a measure of gratification and regularly at least one extra-genital zone, the mouth, is stimulated prior to coitus. Now observation of children has recorded a wealth of evidence outside of analytical investigation that viewing, exhibitionistic, sadistic, masochistic and other impulses are manifested towards a similarly over-estimated love-object in infancy. What is lacking is genital primacy and capacity for fecundation, and the dilemma I propose is this: We must either limit our concept of sexuality to adult genital impulses capable of resulting in fecundation, or we must accept a genetic view of 'sexual development.' At this point I should like to criticize Dr Hadfield's too rigid treatment of the sexual perversions. Clinical experience has shown that save in the decisive respect of supplanting genital primacy, perverse gratifications are in many cases distinguished from the gratifications of fore-pleasure only by their intensity, and supersession of genital functioning. In fact it is rare to find in the most normal sexual life that one or other component-impulse is not relatively intense.

Finally, the results of empirical analytical enquiry can be shown to be in harmony with a broad biological-teleological standpoint, to arrive at which we must cease to confuse the physical act of reproduction with the 'end' of race-preservation. The former is merely a dramatic 'moment' in a larger movement of forces subserving the latter. Save in the case of the lowliest organisms the fact is so obvious that it need not be stressed.

A brief consideration of infantile sexuality soon reveals the fact that it is teleologically of the utmost importance from this larger standpoint.

¹ The observed effects of witnessing parental intercourse in the case of an infant of less than one year old were illuminating in this respect.

The specific feeling-quality of libidinal attachments, distinct from and if necessary in conflict with Ego needs, seals a bond between child and parent, parent and child, child and child, etc., which not only consolidates that family grouping so necessary to human race-preservation but ensures its perpetuation when the child himself reaches sexual maturity. The mechanisms whereby these results are achieved constitute an important chapter of psycho-analytical research.

Further, I fail to see why, if certain secondary sexual characteristics in animals and certain activities appearing during the mating season do not appear to have any utilitarian bearing on the act of copulation, but rather suggest manifestations of an over-plus of sexual metabolism, the same view should not be admitted as a possibility in considering the end-results of the sexual instinct in man.

To conclude, there remains to be considered from the genetic standpoint infantile components such as anal-erotism which, save as perversions, are not directly represented in the adult sexual situation. Here too a developmental standpoint is more fruitful than a strictly utilitarian criterion. From a strictly utilitarian point of view, it is not necessary that an embryo should recapitulate certain earlier phases of phylogenetic development. Gill-clefts are not only anachronistic, but useless from the utilitarian standpoint.

Similarly the ontogenetic development of the sexual instinct includes the traversing of phases like anal-erotism which, although appropriate to a cloacal phase of phylogenetic development long superseded, has lost all utilitarian relevance in the intellectually apprehended scheme of reproductive ends. Understandably its supersession has been only partial owing to an anatomical approximation and associated innervation but this faulty economy of nature has in a sense been remedied by the development of cultural barriers of disgust, not infrequently developed to such a pitch that they may defeat their own ends and involve the closely associated genital function itself in a common repudiation. In many quadrupeds anal interests, particularly excretory smells, show the most obvious affinity with sexual interests, being quite possibly in some sense auxiliary interests. However this may be, the results of empirical analytical investigation do not necessarily conflict with a biological standpoint and are sufficiently impressive in themselves to demand the most careful consideration even from those to whom they are *a priori* incredible and emotionally unpalatable.

THE CONCEPTION OF SEXUALITY (III)¹

By ALEXANDER F. SHAND.

WE must agree with Dr Glover that 'rigid definitions' should be avoided in psychology; and, we may add, rigid theories also. But provisional definitions and working hypotheses we must have. Here we require a definition in the sense of a clear and precise conception of what we mean by 'sex' and 'sexual,' and what the problem of this symposium is in relation to them. A problem not clearly defined cannot lead to a satisfactory solution of it. What then is our problem? According to Dr Glover it is "A discussion of the conception of sexuality and what phenomena it may legitimately and usefully include" (p. 175). "The real dispute," he says, "is over the facts and not over niceties of definition" (p. 175). But the problem remains partly verbal: if it is not, what is the ordinary meaning of 'sexual,' then it is, what meaning we ought to give to the term after taking into account the facts of early if immature development of sexuality in children, sex-perversions, and the way in which an 'erotogenic zone' may come to 'replace the genitals.'

I think it is misleading to attempt to define the sexual, as Dr Hadfield has done, by employing the term 'natural' instead of the usual term 'biological' to describe the primitive end or goal of the sexual. The ambiguities of the term 'natural' have often been pointed out; and further I agree with Dr Glover that this end cannot be limited to 'reproduction,' but is what it is generally taken to be, in the biological sense, "the preservation of the species." In human development however we cannot limit the sexual to the biological end; other and purely psychological ends arise that sometimes defeat this end, and these are shown in sexual perversions. But ends of some sort we must have, and the impulse of the sexual cannot be an exception to this rule.

Dr Glover employs three criteria of the sexual: (1) the teleological, (2) the descriptive, (3) the genetic (p. 176). What does he mean by the 'descriptive'? He seems to mean that this criterion justifies us in regarding a "given tendency as sexual if it reveals a psychological identity with tendencies called 'sexual' by common consent" (p. 176). Such a criterion meets us wherever we are dealing with the primary

¹ A contribution to a discussion at a meeting of the Medical Section of the British Psychological Society on March 25th, 1925.

forces of the mind. For instance, an emotion of anger is identified by the person who feels it, not so much by considering what its end may be in the given situation, but by his feeling it to be identical with other emotions called anger 'by common consent.' So is it with regard to the sexual. Whatever the end of a tendency may be in a given case, if its impulse and sensations have the distinctive qualities of what are called sexual by 'common consent' it may be provisionally classed with them.

We see therefore there is something verbal in the problem presented to us, and that besides comparing certain groups of facts and considering whether they have an identical component we have to judge whether, if this identical component is established, we are not "justified in terming" both of them 'sexual,' though only one be generally regarded as such.

Dr Glover's third criterion is the 'genetic,' and concerning it he says "I hope to show (it) can resolve the apparent discrepancies between the simple teleological and the empirically descriptive standpoints" (p. 176). Now whether or not it may have this result, clearly we must accept the genetic method. Hence if Dr Glover proposes this dilemma: "We must either limit our concept of sexuality to adult genital impulses capable of resulting in fecundation, or we must accept a genetic view of 'sexual development'" (p. 187), we accept the second alternative.

We shall return to the consideration of the genetic criterion later; here let us confine ourselves to the other two.

While Dr Hadfield is mainly preoccupied with the ends of impulses in order to judge what should or should not be included in the sexual, Dr Glover severely criticises the inadequacy of this criterion, and is concerned with the question whether or not we find a psychological identity between the things that are admittedly sexual and others that are sometimes denied to be such. These he passes in review. He argues that perversions are to be classed as sexual apart from any question of their ends: "The pervert derives from his activity a form of pleasure *identical* with the pleasure derived from coitus" (p. 178). The breasts are sexual because "stimulation of the nipple" produces "not only libidinal sensations in that area but associated libidinal sensations in the genitals" (p. 178). "Curiosity in childhood becomes invested with a strong libidinal component" (p. 179). "Anger" or "the aggressive impulse acquires libidinal significance in early childhood" (p. 180): it is "the basis of sadism." "Erection and other signs of sexual excitation have been observed in children as accompaniments of their aggressive behaviour to others or submission to the aggressive behaviour in others" (p. 180); "an identity is experienced between the sensations evoked by beating

fantasies and by coitus" (p. 180). In such cases Freud's opinion is "that from the first the component-impulses of infantile sexuality are closely interwoven with Ego-impulses" (p. 181). In some cases "the anus is consistently treated '*as if it were a genital*,' i.e. the gratification of its excitability is a *sexual gratification*" (p. 181).

Thus we have a number of very different things included in the sexual, ranging from organs and zones of the body to impulses and emotions of the mind, to phantasies and fetishisms. But the ground of their inclusion appears to be in every case the psychological identity between the impulses or sensations they have or evoke and others which are called sexual by 'common consent.'

Thus Dr Glover appears to maintain a psychological point of view throughout, and when he mentions organs and erotogenic zones it is to draw attention to their impulses or sensations. They have a common quality, and this common quality he generally refers to as 'libidinal' or 'sexual,' occasionally as 'sensual.' These three terms I shall assume all mean the same thing on their psychological sides.

So much has seemed necessary for the sake of clearness, and that we may, if possible, keep to the same conception of the sexual, as constituted on the psychological side by libidinal or sensual sensations. But one ambiguity remains. When, for instance, Dr Glover speaks of certain organs of the body as the mouth, the breasts and the anus as sexual, is it because, when they are stimulated, they arouse libidinal sensations in all persons, or does he mean that these organs are only found to have these sensations in some persons and perhaps at some times? When he says that stimulation of the nipple produces 'libidinal sensations,' does this statement mean that they are produced in all persons or in some only? Do all nursing mothers in suckling their infants have libidinal sensations; do all infants at the breast, or when sucking their thumbs, have the same sensations; and is this part of what is meant by 'infant sexuality'?

On the face of it the evidence quoted seems only to show that some mothers and some infants have these sensations. It is difficult to pass legitimately to the universal. On the other hand, what becomes of the theory of the 'libido' as belonging to all erotogenic zones if it only belongs to them in some persons?

The same criticism applies to other things classed as sexual. Some children of three and upwards manifest sexual curiosity—perhaps a large proportion of them—but it is only manifested in certain directions. Their interest in their toys seems to be generally free from such curiosity.

It seems therefore *prima facie* that all these different things that

Dr Glover has referred to as included in the sexual, or as having sexual sensations, have them only occasionally and in some persons. And here it is the same with our thoughts, emotions, desires and sentiments, and the wonderful things that arise from them: the arts of painting, poetry and music, and perhaps even science. All of them are occasionally sexual. To argue that they are essentially sexual, as having always a sexual component, appears to be forcing the facts into the moulds of a preconceived theory. But the genitals have this character essentially. Why is there this difference between them?

It appears to be part of the function of the genitals when excited by appropriate stimuli to arouse sexual or sensual sensations in all normal persons: it is no part of the functions of the mouth, the breasts and the anus, to arouse sexual sensations in normal persons. They arouse them occasionally; but in perverts some erotogenic zone absorbs the interest in the genitals. And why is this regarded as abnormal? It is here that the significance of the biological end or goal of the genitals is shown. For their characteristic sensations and impulse are part of the means by which they further attainment of their end. Because they need these sensations it is part of the function of the genitals to arouse them. But the erotogenic zones have no such biological end; it is therefore not a part of their functions to arouse them. Hence when one of them is used to replace the genitals it is called a 'perversion.'

If then the psycho-analytic theory maintains that these things—'erotogenic zones,' 'curiosity,' aggression and submission, phantasies and fetishisms—are to be included in the conception of the sexual, and that even 'infantile impulses' are "in part libidinal and in part egoistic" (10), the evidence for this conclusion must be something more than the fact that in some persons they excite libidinal sensations. You must be able to show that it is part of our common human nature that normally they should excite these sensations. You have greatly extended the province of the sexual, the *onus probandi* is on you to justify it.

Whether or not libidinal sensations are a part of the normal development of the infant at the breast, it does appear to be a part of his normal development to feel tender emotions for the mother as the giver of food, the remover of discomforts and suffering, the quieter of fears, and in consequence of all these services to feel joy at the sight of her. Is it not these emotions that normally are 'the basis' of the 'all-important relation' to her, and grow into the sentiment of love—and not "the libidinal gratification" (p. 184)? It is by these means that we attach even wild animals to us. Why should you think it to be so different with the child?

WHETHER AND IN WHAT SENSE THE EROTOGENIC ZONES EXCITE
LIBIDINOUS SENSATIONS.

I do not think it can reasonably be objected to Dr Hadfield that he distinguishes between the 'sensuous' and the 'sensual.' Dr Glover admits that the former term has application to "a relatively undifferentiated stage of instinctual gratification" (p. 184). But it is not confined to this stage; it applies equally to the most differentiated.

In its ordinary use the term 'sensuous' has a much wider application than the term 'sensual.' It is applied to all the sensations and feelings of sense-organs, and to the pleasantness and unpleasantness of eating, drinking and sensual indulgence. The warmth of the body is a 'sensuous' warmth; its pleasantness is sensuous. The pleasures of colours and sounds, of odours and tastes, are sensuous pleasures. It is therefore a very pertinent question, whether the sensations of erotogenic zones are sensual as well as sensuous.

The different sense-organs and different zones of the body have different sensuous qualities so that we can in some degree localise their sensations. Even when these sensations most resemble one another we can generally with attention and aptitude distinguish them; but if we confuse their qualities it does not show them to be identical. The sense of taste has close affinities with the sense of smell; the organs are in close contiguity; the sensations themselves may sometimes be blended together. A certain quality of the odour of fine wine, after it is sufficiently old, which the French call 'bouquet,' though it is different from the flavour, yet often enables us to anticipate what this flavour will be; and at the back of the palate blending with the odour of the wine, this becomes what is sometimes called 'aroma,' which approximates most closely to the bouquet yet can be distinguished from it. But here where different sensuous qualities most resemble one another, we are most liable to error when we identify them.

The 'sensual' is one variety of the 'sensuous' and generally the most conspicuous and intense. It would seem as if here there would be little liability to error, and that we do not require the delicate discrimination of a 'connoisseur' of wine to form a right judgment whether our sensations are sensual or not. But when the erotogenic zones are stated to have sensual as well as sensuous qualities we have to enquire whether resemblance has not been confused with identity.

There are here two questions to be distinguished: (1) Whether an erotogenic zone may not excite the genitals, and *vice versa*? The evidence

that under particular, but by no means general conditions they have this influence seems here to be conclusive. (2) The second question is very different: Whether the erotogenic zones in their own nature have the capacity to arouse sensations psychologically identical with those of the genitals, and independently of the latter being excited simultaneously?

What evidence is there that they have this capacity? It is *prima facie* improbable that the sensations of any organ or zone are psychologically identical with those of any other. Whether they are or not can only be decided by direct psychological observation. But what liability for error is here! We frequently identify sensations that on closer inspection are found to be different; or the apparent identity may be brought about by their being blended together, as frequently with taste and smell. Have then the mouth, the breasts and the anus libidinal sensations of their own? Let us take the most familiar case. There are kisses between persons that are without any libidinal sensations, not merely conventional kisses but those that express warm affection, which under the stress of strong emotion may be accompanied by close embraces. There are other kisses that are clearly sensual. But these kisses normally excite the genital sensations. They are called sensual because they do excite them. Where is the sensual pleasure chiefly localised? In the genitals. But there is one thrill of sensation extending from the one zone to the other, and the qualities belonging to both may be blended. How natural then that we should confuse their differences. From the co-excitement of the genitals, therefore, on the ordinary view, there arise the sensual sensations which the psycho-analytic theory appears also to attribute to the erotogenic zones in their own right. Here the *onus probandi* is on this theory to justify its innovations¹.

To show conclusively that the erotogenic zone of the mouth has a pleasure of its own identical in normal persons with that of the genitals we should have to restrict ourselves to cases where the former zone was excited without the excitement of the latter. But it is in such cases that we do not seem to find a trace of the asserted identity between them. So is it with the other erotogenic zones.

THE GENETIC CRITERION AND THE QUESTION OF INFANT-SEXUALITY.

The bearing of the preceding conclusions on the question of the sexuality of the infant at the breast seems to be clear; but we have still to consider the application of the 'genetic criterion' to this case. Let us then examine the question from this point of view.

¹ There may be abnormal cases where the genitals are anaesthetic to sensual sensations in their own zone, these being localised in some other.

Suppose that in the first year of child-life the libidinal sensations have not been differentiated: it is in a situation of this kind that the genetic criterion seems to be applicable. The same two lines of argument that we followed in the preceding section recur. First we may argue that the genitals are excited when the infant is sucking his mother's breast, and when his curiosity is aroused, and that this justifies us in postulating the beginnings of a sexual relation to her, however undeveloped the libidinal sensations may then be. This postulate is only justified at most if we have first shown that the excitement of the genitals is not an occasional effect observable in some infants, but is capable of being verified in all. If it is only an occasional effect it does not belong to infant-life as a whole, and no general inference can be based on it.

In the second place, we may argue that whether or not the genitals are as a general rule excited in the case supposed, the oral region being itself erotogenic justifies a similar postulate. For the organ being active, if the libidinal sensations are not yet present they will arise in due course. This argument falls to the ground like the first; for if the erotogenic zones have not been shown to possess libidinal sensations in their mature state, independently of the excitement of the genitals, the activity of the zones in their immature state cannot be rightly described as sexual. The application of the genetic criterion has not therefore modified the conclusion.

The tentative conclusions reached are that the genitals alone are essentially sexual organs, in the sense that it is part of their function to arouse libidinal sensations. These sensations are as proper to them as other sensations are to the mouth, breasts and anus. A great variety of other things are occasionally sexual, in the sense of becoming stimuli of libidinal sensations in certain situations and with certain persons. In the case we have taken, the mouth when active under ordinary conditions, as in the appropriation of food, arouses the sensations characteristic of its own region, and these are not libidinal; but under peculiar conditions of relatively infrequent occurrence, it arouses libidinal sensations through exciting the genitals. So is it with our emotions and sentiments. Love has sometimes a sexual influence, sometimes a sexual constituent, neither universally. Perversions indeed are always sexual, because here we class apart the cases where an erotogenic zone or symbol is habitually used to excite sexual pleasure.

THE CONCEPTION OF SEXUALITY (IV)¹

DR GLOVER'S REPLY.

MR SHAND has reviewed certain of the considerations advanced in my first paper with admirable fairness; but his reply seems to be based on the assumption that these constitute the main justification of the extended connotation of Sexuality found in Freud's Libido Theory: whereas my intention was to cite a number of significant facts which are rendered intelligible by that theory and which might impress those who, like Mr Shand, have not encountered at first hand the *psycho-analytical* evidence upon which it rests.

Although some acute observer might have detected a genetic connection between infantile tendencies, which we regard as the earliest manifestation of the sexual group of instincts and later tendencies, present in a modified form in the adult sexual situation and in an unchanged form in the sexual perversions, it is certain that in the absence of the mass of evidence invariably unearthed during a psycho-analytical investigation, this would have remained a mere speculation vulnerable to the arguments Mr Shand has adduced, as when he says that the 'onus probandi' rests on those who would extend the connotation of 'sexual' in unexpected and *a priori* unlikely directions.

To this demand I would reply that proof of the most convincing sort can be obtained, but that unlike the evidential data of other scientific hypotheses the evidential data of Psycho-Analysis are, for obvious reasons, accessible only to a few workers, and in the absence of first-hand investigation, even were the enormous mass of material necessary to one full case-history published *in extenso*, it is improbable that any real step would have been taken in the direction of securing wider acceptance of conclusions based on daily first-hand investigations of many such histories.

I did not stress this fundamental point in my first paper, for it seemed to me that, from the point of view of a general discussion, to do so would be useless, would land the disputants in an impasse. I even went further and omitted to deal with one extension of the term sexual of the utmost practical importance, namely, to include under that heading a

¹ A contribution to a discussion at a meeting of the Medical Section of the British Psychological Society on March 25, 1925.

host of neurotic and psychotic symptoms, *e.g.* as when a *fear* of something in actuality signifies a sexual desire.

Mr Shand's main contention is that until it is proved that the tendencies in dispute are consciously experienced by all normal persons, we are not justified in taking a leap from the particular to the general and regarding them as attributes of our common human nature. In short he seems to consider that our dispute could be settled by a sufficiently extensive *questionnaire*.

Now suppose that such a *questionnaire* were undertaken, Mr Shand would be placed in an awkward quandary by the number of persons who would assert (truthfully so far as consciousness is concerned) that they have never experienced any sexual desire whatsoever and who would assert with every show of justification that, in the opinion of themselves and their acquaintances, they were normal individuals, regarding the absence of sexual desire as a cultural achievement, which in one sense it is. On the other hand the large number of such instances (*e.g.* a high percentage of women educated according to a certain cultural pattern) would favour our view, for it is obvious that cultural influences, which can bring about the apparent disappearance of the sexual instinct *in toto*, *a fortiori* may well have brought about the apparent disappearance of such of its components as are strongly repugnant to the cultural Ego, even when this is not highly developed.

Once concede the possibility that Man's real instinctual make-up may be masked by a cultural superstructure, to the point that he ceases to be aware of certain of its components, or of the hidden nature of their cultural displacements and Mr Shand's objection is invalidated.

Of course our real answer would be that individuals who would certainly have answered the *questionnaire* with a complete denial of all sexuality, would in the course of psycho-analysis come to a very different conclusion; but since such an answer tends to be monotonous and to remain unconvincing I prefer to dwell on the bearing of this factor of cultural modification of primary instinct-impulses on our present topic, and on the reason why the task of penetrating this superstructure and discovering the existence of certain primary impulses behind its distortions had to wait till a special set of circumstances led to the elaboration of a method adequate to its accomplishment.

It was inevitable that sooner or later human behaviour should be studied from the same standpoint that the habits of a beaver are scrutinised, rejoicing in the fact that unlike the beaver man could presumably also give an account of his behaviour from the inside. In the

light of our present knowledge this combined method is as trustworthy, where certain primary impulses are concerned, as an inquiry into the aggressive impulses of members of these animal happy families which delighted our childhood, carried out by someone who had never observed these creatures in their natural environments.

We now know that certain primary instinct-impulses undergo extensive and complex modifications before the so-called normality of cultural man is achieved. Moreover these modifications occur mainly during an early period of development largely inaccessible to unaided recollection. And most important of all the realization of the past and present existence of the impulses in question, is opposed by the continuous operation of powerful resistances; so that for instance an impulse, the gratification of which was once pleasurably toned, ceases to be so and cannot threaten to manifest itself without exciting some variety of unpleasurably toned repudiation. It will be said that in laying down these considerations I am begging the question, so that I must restrict myself to the point that if these considerations are at all sound (and surely the hypothesis of profound cultural modification of instinct in man is *a priori* a highly probable one) then it follows:

(1) That Dr Hadfield's simple biological criterion of subserving reproduction would be a very misleading instrument for the investigation of the instinctual components of Man's sexual life.

(2) That Mr Shand's use of the descriptive criterion in what I might call the statistical or *questionnaire* form (e.g. Does every normal person experience this?) would be equally inadequate to elicit the facts.

Further if this hypothesis be sound, we see further, why its secure establishment and detailed working out had to await that special set of circumstances which led to the elaboration of the psycho-analytical technique, for if it be true that powerful obstacles stand in the way of a thorough-going scrutiny of Man's instinctual life, these could be overcome only with the help of powerful motives, operating alike in investigator and in the subject. These motives were provided by the desire to alleviate intense suffering on the one hand and the desire to be rid of it on the other. Certain unfortunate individuals, in whom the work of instinct-modification had but imperfectly succeeded and who in consequence suffered from certain painful and disabling disabilities, expressing an unsatisfactory compromise between cultural development and the pressure of imperfectly mastered instinct-impulses, came under the notice of a physician with an unusual flair for psychological investigation, and the motives mentioned above provided the necessary

incentive to the elaboration and carrying out against strong resistances, of the prolonged and painstaking enquiry into hidden motives, which ended in the isolation and genetic study of hitherto unexpected primary impulses continuing to operate undetected in human behaviour.

Since then, similar investigations have been carried out by workers of diverse races and temperaments, upon subjects normal and abnormal, exhibiting an equal diversity and, provided that certain technical precautions are taken and certain technical rules are observed, the results are found to tally in essentials without exception.

But although this set of circumstances had this fortunate consequence, it has exposed the findings arrived at to certain reiterated criticisms. These findings are said to be valid only in a special field of enquiry labelled *clinical*, the confusion here being due to the traditional medical view of the disturbances investigated, which, in ignorance of the fact that they were the expression of mal-adaptations of instinct-impulses to cultural requirements, classed them as *diseases* in the ordinary sense. Dr Hadfield has admitted that these findings have a large measure of validity in *Clinical Psychology*, but, under the influence of this point of view, has questioned their utility for General Psychology. This point has already been dealt with succinctly by Dr Ernest Jones in his paper on Abnormal Psychology and Social Psychology¹, in which he explains his reasons for holding the exactly contrary view, that the findings of Clinical Psychology are necessarily more relevant to the needs of Social Psychology than those of any other branch of psychological enquiry. Mr Shand too writes constantly in his present contribution, under the influence of this tendency to rule out of court as unworthy of consideration, data observed by physicians in the course of their investigations into the deeper sources of what are essentially social mal-adaptations and not diseases in the ordinary sense. Had it so befallen that the first insight into the nature of these disorders had been achieved by a general psychologist and their technical treatment become the monopoly of pedagogic psychologists, then I am sure that Mr Shand with his immense range of erudition would have been a worthier exponent of the Libido theory than I can hope to be.

Before leaving this question of the 'onus probandi,' it must be granted that even the high degree of conviction regarding its general validity gained by those whose daily first-hand investigations seem at all points to confirm the Libido theory, falls short of absolute proof in

¹ In the Morton Prince commemorative volume, *Problems of Personality*, published by Kegan Paul, Trench, Trübner and Co. Ltd., pp. 15-25.

the sense which Mr Shand seems to desiderate. The Libido theory is a flexible hypothesis which has been modified and still is in course of undergoing modification in the light of increasing knowledge and Freud himself would claim for it no more than a high degree of heuristic value and pragmatic justification.

It should now be clear that in criticising my descriptive criterion (according to which a specific pleasure-gain termed 'libidinal' includes the phenomenon in question under the heading of sexuality) on the grounds that all normal persons do not experience it in this or that instance, Mr Shand has failed to take into account even as a possibility the cultural repression of components of the sexual instinct repugnant to the Ego.

Another important criticism is aimed at the proposition that there is a psychological identity discoverable in processes grouped as sexual. Here our difference of opinion is no doubt due to a misunderstanding.

When I postulated a psychological identity present in processes grouped as sexual, I did not mean that the *processes themselves* were in all respects identical. I merely meant that, inherent in each was a certain quality described as libidinal.

The technical phrase runs: "this or that sensation, activity, idea, etc., is *invested with Libido*, an investment which varies considerably in intensity but not in quality."

Limiting ourselves for the moment to the instance of erotogenic zones, Mr Shand considers it *prima facie* improbable that the sensations of any organ or zone should be identical with those of any other, and I should agree with him if this meant that they were identical *in all respects*. Obviously different structural and functional settings must affect the totality of the experience.

To take the case he instances, the comparison of oral and genital sensations—it is not asserted that libidinal excitation of the mouth zone (which can be recognised as such, *e.g.* in 'sensual' kissing) is in all respects identical with genital excitation, which is much more intense and especially in men accompanied by a different urge. It is merely asserted that in this and in all other physical experiences which when they are conscious are usually termed 'sensual' there is a quality which is termed 'libidinal' and which is derived from the sexual group of Instincts. The 'energy' giving rise to this libidinal excitation is supposed to be capable of displacement from one organ, activity, idea, etc., to others and is conceived as hypothetically measurable. The erotogenic zones are asserted to be the site, in especially high degree, of such excita-

tions although cultural repression may prevent realisation of this fact, and in this case when the excitations are especially strong, pathological disturbances are liable to be set up in the zones in question, *e.g.* hysterical vomiting and intestinal catarrh in cases where wishes for perverse sexual use of oral and anal zones are repressed. Such disturbances can be removed by making these repressed urges conscious by a proper technique.

Mr Shand next questions the existence of libidinal excitation in erotogenic zones as it were *on their own account* and apart from genital excitation. He admits, although he does not explain, a 'spreading' of 'sensual' excitation from the genital zone to the mouth, but does not admit that this occurrence entitles us to describe the mouth as an erotogenic zone, making the somewhat exigent stipulation, that the erotogenicity of the mouth cannot be established till it takes place *without co-incident genital excitation and that in all normal persons*.

Here we apparently come to an impasse for it is the very essence of Freud's theory of Libido-organization that *in normal persons* the activities of pre-genital erotogenic zones become subordinated to genital activity, so that normally, except in childhood before this primacy is attained, excitation of other zones tends to set up genital excitations which on account of their stronger libido-investment dominate the sensational field although they do not, except temporarily, entirely overlay the others.

On the other hand there are innumerable cases not abnormal in other respects in which, on account of cultural inhibition of genitality, kissing under certain conditions excites consciously recognised libidinal excitation of the mouth without a trace of genital excitation.

It might be urged that despite the existence of a characteristic so widespread that some writers have described it as a normal feminine characteristic (regarding capacity for genital excitement in women as abnormal), this absence of genital excitation is abnormal and the existence of oral erotic excitation on its own account in such cases proves nothing.

This seems to me to be pushing a criterion, which is arbitrary in the first place, to a curious extreme. It is regarded as a perfectly valid experiment in physiology to throw out of action mechanisms which mask the operation of others so that the latter can be studied in isolation or to take advantage of the abrogation of the former by disease.

Here we have clear evidence that, when genital activity is inhibited by emotional factors not strictly comparable with disease, another zone exhibits libidinal characteristics on its own account. Further experi-

mental evidence is not wanting for, in a case reported to me, in which a patient capable of strong genital feeling anaesthetised his genital he experienced strong libidinal excitation in other zones. Such evidence seems conclusive. Again, how does Mr Shand explain the 'spread' of excitation from an erotogenic zone to the genital? His differentiation of kisses into those devoid of 'sensual' quality accompanied by tender feeling and those of a recognisably 'sensual' sort in no way invalidates our contention that the mouth is an erotogenic zone.

It is nowhere contended that *all* contacts with erotogenic zones elicit conscious libidinal excitation. This is not even true of the genital zone itself, sensitive as it is to stimulation. The absence of conscious libidinal excitation in the oral zone may be explained by the weak investment of the object with libido as in a perfunctory social kiss or by the prominence in consciousness of sentiments incompatible with strong libidinal investment, as is the case in kisses between near blood relatives or persons at that time unconsciously associated with them, or simply through the intensity of another emotional setting. Precisely the same is true of genital contacts, which may be devoid of libidinal feeling, weakly invested with it or powerfully charged with it and that either with different persons or with the same person at different times. This is notably the case in women, who, for instance, may experience genital excitation with one partner and be quite anaesthetic with another or who may experience mildly 'sensuous' genital sensations comparable to Mr Shand's sensuous kiss during tenderness. Other women may, in respect of the same partner, at one time experience strong genital excitation, and at another, either mildly 'sensuous' excitation or no excitation at all. The fact that the genital is an erotogenic zone is not under dispute, yet there seems to be no difference save a dominating intensity between its reactions and those of other erotogenic zones. Cultural influences may lead to the total repression of its libidinal excitation as in anaesthesia and to less degrees of repression in which excitation corresponds to Dr Hadfield's adjective sensuous. Libidinal excitation may occur in one psychological setting and not in another, and so on. Surely the fact that certain zones can under certain circumstances behave exactly like genitals, when taken in conjunction with impressive evidence that in all investigated cases they have once behaved exactly like genitals, constitutes ample justification for so naming them and exhaustively examining their rôle in sexual and in general emotional development which turns out to be unexpectedly crucial.

The one real difference between the functioning of other erotogenic

zones and the genital zone is, that the activity of the latter may lead to Reproduction, and although Mr Shand began by agreeing with my rejection of Dr Hadfield's biological criterion, he too in the end arrives at a position indistinguishable from this. Of the genitals he says: "Their characteristic sensations and impulse are part of the means whereby their end is achieved. It is therefore part of their function to arouse them. But the erotogenic zones have no such biological end. It is therefore not part of their function to arouse them¹."

In this way the part actually played in the sexual development of Man by what we term erotogenic zones, *e.g.* the defeat of the 'biological end' owing to libidinal fixations on pre-genital zones leading to sterile perversions and sexually inhibiting states with the same result, can be summarily disposed of, and an obscure chapter of human development of immense theoretical and practical significance is closed ere it is begun.

Before ruling out *a priori* any sexual 'function' of the erotogenic zones it were surely profitable to study the actual results of their activities.

Consistent application of the descriptive criterion leads eventually to another and more important, the genetic. The manifestation in childhood of tendencies attended by psycho-physical concomitants of feeble intensity but (in the above sense) qualitatively identical with those of adult sexual satisfaction and accompanied by the same Ego-reactions of shame, guilt, etc., is beyond dispute. There is, however, much dispute as to the age at which these first manifest themselves. MacDougall, who was by no means friendly to the conception of infantile sexuality, went so far as to admit that the sexual instinct made its first feeble appearance at the age of 8. He even admitted the appearance of sexual impulses earlier than this but attributed such cases to precocious stimulation, a concession which concedes more than that able writer was aware of.

More extensive and intensive study of children and of adults whose infantile amnesias have been removed has established beyond all question the occurrence of recognisably libidinal experience from three years onwards, and recent astonishing results obtained from the analysis of even younger children show this to be a very conservative estimate; but in pushing back the genetic enquiry we come at last to a point when subjective realisation ceases to be operative and where the libidinal character of the manifestation can only be inferred by behaviouristic comparison with manifestations the libidinal nature of which has been established.

¹ p. 192 *supra*.

Sometimes this is unequivocal enough as in the case of infantile onanism, but, in the case of excitation of other erotogenic zones, the child's reactions although highly suggestive are not in themselves conclusive. It, however, outrages no law of genetic science to assume that excitations which will presently reveal an unmistakable libidinal character possess a libidinal component from the first. The most impressive evidence favouring this view is the following.

Just as libidinal fixations at stages of libido-organisation, the libidinal nature of which *can* be recalled, leads to disturbances in later psycho-sexual development, so fixations at earlier stages, which cannot be so recalled (*e.g.* breast gratification) lead to even graver disturbances for the same reasons. This striking fact is not realised by those who deride the idea that in the act of sucking and its substitutes there is a quality of gratification genetically continuous with all subsequent gratifications termed libidinal.

I shall confine myself, however, to an example, illustrating in the most unequivocal manner the significance of an erotogenic zone.

The patient had administered to her as a child numerous rectal enemata by a neurotic mother and could remember the 'queer' pleasurable exciting sensations aroused by this stimulation. She also remembered a similar pleasure in holding back stools. During the latency period she occasionally masturbated anally or had fantasies of anal stimulation, both activities being accompanied by the same distinctive sensations locally and bringing about only more intensely the same state of pleasurable mental excitement, now however followed by shame and guilt. In her marital life she found herself anaesthetic in the normal sexual act, but, at a later stage responded to anal coitus with strong sexual excitement, in which the genital did not participate. Thus in her sexual life the anus played the part of a genital, in all respects save biological suitability, and a rigid biological criterion would have excluded from the concept of sexuality its most unequivocal manifestation. Moreover there was continuity of distinctive experience as far back as memory could be revived.

Why could the anus take over this undeniably sexual rôle if a capacity for erotogenicity did not exist in it? The fact that this capacity for anal erotogenicity suffers in most persons the severest cultural repression, so that the bare contemplation of such a possibility arouses the strongest resistances, does not dispose of the natural inference to be drawn from this and many similar cases.

I expect that Mr Shand would dispose of the significance of such a

case by saying that such a woman was highly abnormal and that in abnormal cases, as it were, anything might happen. But there is law and order in 'abnormal' as in normal phenomena and this law and order cannot be ignored. Abnormal development teaches us much about normal development. Cracks like this in the mental superstructure of cultural man are as instructive as faults in geological strata. A tremendous collection of observed facts cannot be disposed of by calling them abnormal. Some attempt must be made to correlate them with the facts of normal development. Our correlation of the above instance with normal development would run as follows. As the result of prolonged excitations the normal amount of libidinal investment of the anal zone was increased to the point when an unusually strong anal fixation occurred so that the anus retained its primacy of the anal stage of Libido-organization. Anal excitations were too strong and too continuous to succumb to repression and the Ego, overmastered, had to learn to tolerate them, at least to the extent of realising them. The intensity of the fixation prevented the normal transference of libidinal emphasis to the genital zone (although another factor operated here). Psycho-analytical investigations reveal in many cases an exactly similar sequence of events with the same results, but with this difference, that the anal fixation is not consciously realised, being more often manifested in functional disturbances and in manifold character-traits, and in *all* cases investigated the importance of the anal phase of libido-organization is seen to be crucial alike for later sexual activity and character development.

The most cursory examination of the data of sexology should caution us against the assumption of a mythical 'normality.' A preliminary analysis of what exactly we mean by normality in this connection is highly desirable but, even accepting its somewhat vague, ordinary, everyday sense, we have to recognise that, within the bounds of 'normality,' there exist surprisingly manifold variations in the sexual life of Man. Again, there exist variations of a rather more pronounced sort, *e.g.* marked emphasis in sexual fore-pleasure of the libidinal quality of a component-impulse or a non-genital zone, which establish a connecting link between the so-called normal and *e.g.* the perversions. It is when we are faced with these minor, intermediate, or major variations of the sexual life of Man, that we realise the inadequacy of a simple biological criterion. The problem is still further complicated by the existence of manifold cultural deflections of sexual impulses either successful, as in the case of sublimations, or only partially successful, as in the case

of sexual variations expressed in neurotic symptoms, character-traits, etc.

Freud has been accused of failing to define clearly what he means by sexual, although no one who reads him comprehendingly is left in any doubt as to what he means.

It is true that he has never given a cut and dried definition of sexuality, for to do so exhaustively would involve describing the manifold part played by sexual strivings not only in their manifest expression but in their cultural absorption in countless activities directed to non-sexual goals and unaccompanied by conscious sexual pleasure and their veiled symptomatic gratification in the widespread incidence of neurosis.

He has, however, done something much more worth while. He has formulated his Libido theory, which intelligibly strings together developmental data and accounts for such impressive facts as that of Displacement, which constitutes the outstanding feature of Man's mastery of his sexual impulses and that of Regression, following his all too frequent failure.

It is a matter for regret that this discussion has centred too exclusively on the less distinctively mental aspects of what Freud calls the Libido-function, as thereby quite a false impression is given of its scope and orientation in human life. Nothing has been said for instance of the vicissitudes of the Love life consequent on early libidinal disturbances and fixations and, while we have been saying a good deal about erotogenic zones, little has been said of their far-reaching relationships to character formation. This is only one out of a large number of purely psychological topics properly included in a discussion of Freud's Libido theory.

Finally a word might be said regarding the symposium itself. It is a matter for congratulation of my two courteous critics, that their examination of an unpopular standpoint has been conducted with such conspicuous fairness. Indeed I sense in the attitude of both something akin to a willingness to compromise if only the standpoint I represent were not so intransigent and I would seek to disarm them with the following analogy; for a discussion of the existence or non-existence of a sexual component in any given human tendency differs in one respect from all other scientific discussions whatsoever.

Imagine two analytical chemists arguing the exact percentage of two metals in an alloy of a base inferior metal lead and a refined noble metal gold. One asserts that there is 75 per cent. of lead and 25 per cent. of

gold whereas the other would reverse these proportions, accusing his opponent of Pan-Plumbism or appealing to his refinement and gentlemanly susceptibilities to be reasonable and split the difference.

The bearing of my opponents has been such that it seems almost boorish not to make some concession to their respective points of view, but a moment's reflection reveals the irrelevance of such a consideration in a discussion of what I repeat are ultimately matters of fact and not of opinion.

THE CONCEPTION OF SEXUALITY (V)

DR HADFIELD'S REPLY.

DR GLOVER'S criticism of my paper may be grouped under two headings:

- I. The conception of infantile sexuality.
- II. The teleological point of view.

As regards the first, Dr Glover appears to have misunderstood my opinions, for his criticism is largely directed against things I did not say, and against views I do not hold. He says, for instance, "Dr Hadfield goes so far as to say that even genital excitation in the child is merely sensuous and not sexual." Again, "Dr Hadfield maintains that it (the aggressive impulse) cannot be called sexual until it meets the requirements of his formula and is normally directed to sexually loved objects and arouses impulses whose natural end is reproduction, *i.e.* in the aggression of the sexually mature male." Again: "the emergence *de novo* of a sexual instinct at puberty as Dr Hadfield's thesis implies." I need hardly say that I do not for a moment hold that sexuality does not emerge till puberty, nor do I deny the existence of the perversions like Sadism in early childhood. My paper has assumed throughout that even in childhood there are manifested impulses destined ultimately to lead to reproduction, even though this end is temporarily thwarted by immaturity and so on. Anyone acquainted with a nursery at first hand will be convinced that children commonly engage in sexual activities and sometimes of a perverted nature. What I do mean to combat is the view that all sensuous experiences of childhood are to be called sexual. There are sensuous activities of the child which are distinctly sexual, like masturbation, exhibitionism: there are other activities of a sensuous nature, like sucking and defecation, which are neither sexual nor in themselves "perversions," but normal biological activities of childhood. There are a further group of activities in which the earlier activities like sucking and defaecation may morbidly persist and thus get linked up with the later genital activities, in which case we have the perversions; that is to say, instead of these genital sensations having free development towards their natural end (which, of course, they can only achieve later on in adult life), they are held by their attachment to these earlier sensuous tendencies, and they are therefore diverted from their natural ends. All this occurs before puberty. We may add, however, that while this is true, a great change nevertheless

takes place at puberty, for then the perversions become much more distressing, since the sex feelings then become more urgent and dominant.

On this point Dr Glover challenges with a test case, namely, that of interest in faeces. "Dr Hadfield asserts that a child's curiosity in its faeces or in the passing of water is not essentially different from its interest in its food or in strangers." In reply to this, Dr Glover calls on the child himself to arbitrate, and maintains that the child himself discriminates in a most dramatic way between the two, manifesting shame in the one case, but not in the other. Now this is true of many children, but it is emphatically not true of children who are brought up naturally and without having a sense of shame imposed on them by adults. This is a good test case of one of the fundamental fallacies in a good deal of Freudian argument, namely, to regard as inherent, tendencies of mind which the child has had imposed on it by its environment. Many of us have personal experience to vouch for the fact that if a child is permitted to satisfy its curiosity in regard to faeces, the facts of birth, a baby feeding at the breast, and other such things, it soon ceases to be curious and takes no further interest in the proceedings, speaking of them openly and treating them all as a matter of course. The child Dr Glover has called in to arbitrate is an abnormal child, whose 'shame' and 'guilt' are due to cultural restraints; and one cannot take this reaction to these activities as proving their 'sexual' nature. Dr Glover seems to feel the weakness of his argument and recognises that the parents have something to do with this shame; but vaguely remarks that "the child in some way meets the external pressure with inherited readiness." True! the inherited readiness is the fear of a smacking!

This leads us to Dr Glover's second important criticism, to the teleological point of view. He gives us the three criteria—the biological, the descriptive and the genetic. My definition of the sexual as those impulses whose *natural end* is reproduction he places under the first heading as defining sex in terms of its biologically conceived *end*. This he describes as savouring of a 'worn-out teleology.'

I find it difficult to understand why he should object to my use of the term 'end' when he himself uses the term 'goals.' Beside which, the whole of psychoanalytic literature is filled with teleological terms, like 'wish' and 'aim.' What does the term 'perversion' signify if it does not mean perverted from achieving certain *ends*? What do we mean by egoistic impulses unless we imply that these impulses subserve the ego and egoistic aims?

If there is any objection to be raised to the teleological point of view

as being 'worn out,' it is in attributing *purposes* where there are only *ends*. When people used to speak of the 'purposes' of Nature, as though Nature were conscious of its ends and deliberately planned them, they were open to the charge—for instance, that the 'purpose' of the April showers is to germinate the seed, or that Nature gives the animal its coloration in order that it might be hidden. The principle of 'natural selection' now prevents our saying this. But that does not prevent us from observing the fact that the actual result of the April showers is the germination of the seed, nor that the actual end of certain impulses given free and full development normally and naturally end in reproduction. Nor does it deny the fact that these are the *natural* ends, even though, owing to immaturity, perversion, or otherwise, the end is not actually achieved. A 'purpose' is a consciously conceived end (like the word 'aim' or 'goal'); an 'end' is merely an observed result, and it is in this sense that I use it when I speak of impulses whose natural end is reproduction.

But Dr Glover, admitting the teleological point of view by his use of the term 'goal,' would still object to my definition of the sexual in terms of reproduction in that this is not the *psychological* end, but only an end as *we* intellectually conceive it. To this, the 'biological' criterion, he opposes the 'psychological goal,' namely, the actual appropriate situation which brings its drive to an end.

The situation, he says, which in hunger brings satisfaction is the act of eating, which is, therefore, its psychological goal. Let us for a moment adopt this criticism. The situation which brings to an end the drive of the exhibitionist's impulse is exposing himself. According to this view, then, we should distinguish this activity as *psychologically* completely different from an activity in which coitus is the appropriate situation which brings its drive to an end. On these psychological lines then, we have no right to call them both sexual.

But, in point of fact, Dr Glover, whilst advocating the 'psychological' point of view, abandons it in favour of the 'genetic.' We call early tendencies sexual because they exhibit psychological identity with later tendencies admittedly sexual. I raise no objection to the genetic point of view any more than I object to the psychological; but surely this genetic standpoint is open to exactly the same objection as the one brought against the 'biological,' namely that it describes a tendency as sexual in that it demonstrably subserves some *intellectually apprehended* result. But the 'genetic' point of view is also intellectually apprehended and conceived. The only difference is that the biological or teleological tells us how an impulse *ends*, whereas the genetic tells us how it *begins*:

in both cases it is only *as we* intellectually conceive it. The individual is not necessarily aware that the sex impulse leads to reproduction; nor is he aware that it originated in defæcation or other autoerotic tendencies in childhood. It is only we who have intellectually apprehended that those early experiences are the *forerunners* of adult sexuality, just as it is we who have recognised that certain impulses naturally *end* in reproduction. If we object to the biological criterion that it is only *as we* intellectually apprehend it, we must also rule out the genetic on the same score.

But further, when the psychoanalyst calls these earlier tendencies 'sexual' because they develop into later tendencies admitted sexual, he is pursuing exactly the opposite of the 'genetic' method; for he does not read the later in terms of the earlier, but puts earlier experiences in terms of later, and calls them sexual. That is to say, his method is not genetic but really teleological!

But, after all, this does not rule out the validity of the 'psychological' point of view. I take it that whilst the so-called 'biological' point of view stresses the *end*, as we conceive it, and the 'genetic' the *origin* as we conceive it, the 'psychological' regards it as the individual himself *experiences* it. In defining the sexual instinct we should then have to try and discover what common characteristics in the actual experience of the individual are shared by all those experiences we call sexual. The first thing that strikes us is that they are all sensuous, but unfortunately this will not do as a criterion of the sexual, because it is also common to many non-sexual and purely egoistic activities like ordinary sucking at the breast. I confess that if anyone were to produce a satisfactory definition of the sexual from the purely 'psychological' point of view I should be the first to welcome it—I was hoping that Mr Shand would do so, as he adheres to this criterion—but at present there is none.

In conclusion, we are still left without an answer to the question as to what the Freudian means by sexuality. We are told, with emphasis, that we "know thoroughly well what Freud means by the sexual." Can we be said to know, when we are left in doubt as to whether by 'the sexual' the Freudians mean all activities involving sensuous gratification or only those which are sought for the gratification alone? This question I propounded in my paper as being fundamental, and to this question there has been no reply. For in truth whichever way the question is answered it will be found that it involves us in difficulties with regard to the distinction between the sex instincts and ego instincts.

A SUGGESTION TOWARDS A THEORY OF MANIC-DEPRESSIVE INSANITY¹

By WILLIAM McDOUGALL.

EXCITEMENT and depression are general conditions of the organism that are commonly regarded as opposites, as opposite ends of a scale the middle part of which represents the normal waking condition. This accepted psychiatric usage is a little unfortunate. The true opposite of excitement is the state of calm, rest, or indifference. The degree of excitement of any moment is a function of the instinctive energies; whenever circumstances bring into play one or more of the instinctive dispositions, the organism is in a state of excitement; and the excitement is more intense, the more strongly the instinctive disposition is working and the greater the number of such dispositions active at the same time. That is to say, the degree of excitement expresses the quantity of free energy or neurokyme in the brain at the moment. The excitement may be diffuse and chaotic, or controlled and concentrated; and the outward manifestations are very different in the two cases: in the former, chaotic varying signs of mixed and conflicting emotions with ineffective shifting bodily movements; in the latter, the excitement may express itself in an impressive stillness, broken only, if at all, by highly controlled movements directed effectively towards some well-defined goal. Such controlled excitement may imply either the complete domination of the organism by some one instinct (as in the case of an animal stalking its prey) or the strong voluntary control that is possible only as a result of discipline and the development of character.

The conventional opposition of excitement to depression comes from the modern recognition that the two states called 'mania' and 'melancholia,' and formerly regarded as two distinct mental diseases, are in reality (in very many cases if not in all) two phases of one disorder process. This process accordingly is now generally called (following Prof. Kraepelin) manic-depressive insanity.

Most of us, perhaps all of us, are liable to mild alternations of this kind, moods of 'excitement' and of depression. Some of us are more liable than others to these moods, suffer them either more frequently or more acutely than others do. When the liability to such alternations is well marked the personality is said to be of the cyclo-thymic type².

¹ A chapter from a forthcoming volume, *Outline of Abnormal Psychology*.

² Cp. E. Kretschmer, *Physique and Character*, London, 1925.

It would seem that the alternations of the excited and depressed phases of the manic-depressive patient are but exaggerations of these changes of mood. If we provisionally accept this view, we may obtain, by reflection upon our own experience of such moods, a suggestion for a theory of the manic-depressive disorder. I put forward this theory with all due sense of its tentative nature; I should call it rather a suggestion towards a working hypothesis. My own experience with such cases is slight; but I venture to think the hypothesis is deserving of trial by those who have opportunities of studying many such cases.

Mania and depression were commonly regarded by the psychiatrists of the nineteenth century as organic disorders, in accordance with the prevailing tendency of the time. It was attempted to discover corresponding or causative brain lesions; or to discover microbic infections or toxins produced within the body that might account for the two conditions. And, with the rise of a new interest in the influence of chemical factors on our mental life that has come from the new knowledge of internal secretions, endocrines and hormones, the hope of finding purely chemical explanations of these two states has been renewed. But up to the present time the great amount of industry devoted to research along these lines has remained without definite result¹. And, with the rise of the hormic psychology, and with the increasing successes of the psycho-genetic interpretations and the psycho-therapeutic methods of treatment, there has appeared an increasing tendency to regard manic-depressive disorder as primarily and essentially psycho-genetic or at least as interpretable in psychological rather than purely physiological terms.

We may, I think, lay down a general principle of some value in guiding us to distinguish between mental disorders that are primarily due to physical disease and those that are psycho-genetic. The disorders due to physical disease or lesions of the brain are of two types: First, those due to a localised lesion, such as may be produced by a gun-shot wound or the rupture of an artery. In these cases we find some disability in respect of some special function or functions (such as local paralysis, an agraphia, a psychic blindness, etc.) the more general mental functions

¹ There are enthusiasts who, like Dr Timmins, claim to find the etiology of most mental disorders in microbic infections and others, who, like Dr L. Berman, claim to find them in disorders of internal secretion. It would be rash to affirm that such factors are of no importance: it is probable that in many cases they play some part in the genesis and maintenance of mental disorders: but the view that they are the primary factors is not widely accepted. Kretschmer inclines to the view that the 'cyclo-thymic temperament' is a function of some unknown endocrine factors.

remaining unimpaired. Secondly, there are the diffuse brain lesions, such as those of general paresis produced by the syphilitic infection of the brain, and those of Korsakow's disease in which chronic alcoholism has led to diffuse brain injury. In these the mental symptoms are apt to be entirely chaotic (as in the former) or to affect only the integrity of associative memory (as in the latter).

When we find disorder that seems to express, seems to be rooted in, some lack of due balance and proportion between the affective tendencies, then, whether it affects only some particular aspect of the patient's life (as in the delusion of jealousy) or affects nearly all his thinking and feeling, as in highly systematised delusions of persecution or of grandeur, we may accept this as an indication of the psychogenetic nature of the disorder. When this criterion is applied to manic-depressive disorder it favours the psycho-genetic or functional view of it.

Let us return now to consider how the common experience of moods may suggest a working hypothesis for the interpretation of the manic-depressive phases. When we are in a depressed mood, when we take a gloomy view of life in general, we take a gloomy view of ourselves. It may occur that peculiar circumstances, such as a serious physical disorder, may lead a man to take a gloomy view of himself at the same time that he views the world in general optimistically. That would be due to an appreciation and evaluation predominantly intellectual. It would differ from the mood that colours all our thinking and feeling, in that in such mood one views oneself gloomily, and the gloomy view of things in general is secondary to and derived from this gloomy view of oneself. This attitude may be expressed in the words, "The world may be a decent enough sort of place, but what good is it to me? I am a poor incompetent creature, incapable of playing a proper part in it, of enjoying it: my efforts to accomplish something of value lead to nothing, all the world knows that I am a poor creature."

On the other hand, in the bright, active, joyous mood one views the world joyously because one feels strong and capable, ready to grapple with any emergency or difficulty, confident of success. Even though on intellectual grounds a man may regard the world as a poor thing, a 'rotten show,' in which there is little ground for rejoicing, yet, in the mood I speak of, he contemplates it with equanimity or positive satisfaction, regarding it either cynically as an egg to be cracked and sucked by himself or altruistically as a field for his activities, a scene of disorder to be put to rights by his efforts.

If we imagine these two opposite moods intensified and prolonged,

we have the picture of the depressive and the manic phases of manic-depressive disorder. The two phases are opposed, not in the sense that one is a phase of excitement and the other a phase of passivity or calmness, but rather in the sense that the one is a phase of exaltation and the other a phase of depression. *Exaltation, not excitement, is the true opposite of depression.* Excitement may accompany depression; most strikingly in the condition known as agitated melancholia. And in many cases of melancholia or depression there is a certain amount of excitement expressed by restless wandering to and fro, lamentations, insomnia, dreaming and vivid, perhaps hallucinatory, imaginings¹. The characteristic mark of the depressed phase is that the patient takes a low, a depressed, view of himself, declares that he is a miserable sinner, a wretched useless creature; that he has committed dreadful imaginary crimes and expects corresponding treatment in this world and in the next; that he is incapable of coping with the world by reason of moral and physical deficiencies of the most varied kinds.

On the other hand, in the exalted phase the patient displays an attitude of lofty superiority, an exaggerated belief in his own capacities, there is nothing he cannot achieve; he feels and therefore believes that physically and mentally he is a superman. His excitement is an excitement of a particular kind; it is not specifically amorous, or fearful, or curious, or altruistic²; it is the excitement of an intensified self-assertion, unbalanced, unchecked by any effective self-criticism or by deference to any other person. The patient busies himself with ceaseless boastful talk or great plans, he explains his case to his physician with the utmost confidence in his own view and writes grandiose letters to persons of exalted station³.

¹ Prof. Bleuler writes: "In excited depressions...the agitation is nothing but the expression of anxiety and with it the other centrifugal functions are plainly retarded." Only the English translation of his *Textbook* is available to me: but it is probable that the word translated as 'anxiety' (according to the unfortunate custom of English psychiatrists) is 'Angst.' Clearly Bleuler means 'fear.' Fear is the main ground of excitement in depressed states.

² Nor is it a general hyperexcitability of all nervous functions. Such general hyperexcitability we see in Graves' disease or in any condition of hyperthyroidism; it differs widely from the excitement of the manic patient.

³ Prof. Bleuler (in his *Textbook of Psychiatry*) claims manic-depressive insanity as one of the 'affective psychoses,' and writes of it the following passages which support, I think, the view I suggest: "*The manic invariably estimates his own worth much too highly, the melancholic infinitely too low*"; and "In Euphoria the *turgor vitalis* is naturally raised; a patient, who in a state of melancholia is a broken up individual, may appear twenty years younger the next day, when he has merged into a manic mood, and then present a vigorous bearing and a good appearance. All vegetative functions adapt themselves to the situation.

How then does the patient in these two phases, the exalted and the depressed, differ from the normal man? The normal man takes a sober balanced critical view of himself and of his relations to the world; and he does this in virtue of the constant interplay of two fundamental tendencies of his instinctive nature, namely the tendency to self-assertion and the tendency to submission. These two tendencies are the principal tendencies incorporated in his sentiment of self-regard¹. In the man of normal disposition and development, these two tendencies are constantly at work during all self-conscious reflection. The one prompts him to attempt any line of action that may seem in any way attractive, to regard himself as capable of all achievements, as superior to all other men in all respects. And when the promptings of this tendency carry him to success, whether actually or merely in imagination, his satisfaction takes the special form which we call 'joy,' or, perhaps more properly, 'elation.'

The other tendency, the submissive tendency, on the other hand, prompts him to defer to others, to be docile, to submit and obey, to take a lowly view of himself and all his capacities and achievements; to bow down beneath hard blows and to suffer in silence. And the normal man's estimate of himself, varying as it does from time to time, even from moment to moment, according as one or other of these two tendencies predominates, is the product of the co-operation and reciprocal influence of these two opposed tendencies. Normally they work together as the twin impulses of the sentiment of self-regard, each checking and moderating the influence of the other; each liable in turn to be called out in greater strength than the other by appropriate circumstances.

The essence of my suggestion towards a theory of the manic-depressive disorder is that the disorder results from the upsetting or disturbance of the normal balance and co-operation of these two impulses within the sentiment of self-regard.

There are three ways in which we can suppose this balance to be upset in favour of one or other of the two impulses. First, external circumstances may be such as greatly to favour one relatively to the other. For example, a run of bad luck, of lack of success, of mistakes

The exalted person usually has a good appetite and effective metabolism"; and he writes of "cyclo-thymics in whom periods of energetic euphoria alternate with despondent impotence."

¹ For an account of the nature and development of the sentiment of self-regard, I refer the reader to my *Social Psychology*.

and rebuffs, may nip all the incipient stirrings of the self-assertive impulse and evoke again and again in the present, as well as retrospectively and prospectively, the submissive impulse. Or the converse may happen. Secondly, changes of the bodily metabolism may have similar effects. We know that bodily freshness and vigour are favourable to the working of the self-assertive impulse; while fatigue and exhaustion and debility are unfavourable to it and favourable to the submissive impulse. And it is altogether probable that, just as the sex-instinct and the fear-instinct have their hormones and endocrine secretions which are stimulated by, and in turn favour, the activity of the corresponding instinct, so also each of these two instincts of the sentiment of self-regard has its specific hormone. If that is the case, then it may happen that one or other of these two hormones may be formed in excess, owing to what we may call accidental disturbance of the metabolic order; or that one of them is formed in less than the normal amount. In either case the balance of action between the two tendencies would be upset. Thirdly, the seat of the disorder may be within the structure of the self-regarding sentiment itself; there may occur within it something of the nature of a dissociative process that prevents the due reciprocal influences between the two impulses. Before considering this last possibility, I describe a case which seems to me to be one of simple morbid elation produced in the first of the three ways suggested above as possibilities.

A professional man in middle life of good heredity had shown no previous trace of instability. His history would justify classing him with the cyclo-thymic type. He had, when young, suffered some periods of very mild depression and apathy, such as might be called merely prolonged moods of discouragement. And at other times he had displayed an almost excessive activity and energy, working extremely hard in preparation for examinations and achieving athletic feats that required tremendous endurance and energy. He became actively engaged in a Presidential campaign. He had long been keenly interested in politics and certain planks of his party's platform; but he had never before taken an active part in electioneering, whether State or Federal, and had never spoken in public. He approached his new task with considerable diffidence; but he very soon found that he was an effective campaign orator. He was immensely pleased, stimulated and elated by his success. He worked with extreme enthusiasm and energy. He sought and seized every opportunity for addressing public gatherings. At first his colleagues in the particular local campaign were full of admiration; but

after some days they were obliged to communicate with his relatives and ask them to remove him from the scene. For his conduct had begun to pass the bounds of the normal and the decorous, and he was beginning to make himself a nuisance to them. He angrily resented all their suggestions to the effect that he needed a rest and had done his share; he was utterly impervious to their arguments and persuasion. Instead of taking a long night's rest after his hard day's work, he would get up very early in the morning and, appearing at the window of his hotel bedroom, would gather a crowd in the street by his animated and somewhat strange behaviour and deliver to them a fiery address, freely exchanging jokes and pleasantries with his auditors. As he afterwards put it, he felt like a god; for he could sway his audience as he wished, evoking enthusiastic agreement and applause. Such admiring response from public gatherings is, as we know, strong drink for any man. Even men long and gradually accustomed to such successes suffer a kind of intoxication on occasions of this sort; and, as with drugs, they acquire a morbid craving for ever new and larger doses; they cannot live without the 'limelight.' And to this hitherto quiet and retiring professional man the 'intoxication' went to the point of throwing him off his balance. He was brought home by the exercise of much tact and patience. He refused to submit to medical examination, declaring that he had never before been so fit and strong. One experienced physician who saw him was inclined to diagnose the case as one of lightning general paresis. He was continually elated and voluble, but extremely irritable: the least opposition provoking violent anger and scorn. He insisted on attending a local political meeting in support of his Presidential candidate: and, though he was prevented from taking any leading part in it, he behaved as though he were in command of the meeting, threatening to punch the heads of all interrupters. The least shortcoming in the behaviour of others, *e.g.* in a police officer or a street-car conductor, would provoke from him an angry lecture on the due performance of duty. With patient humouring he gradually quieted down and after a few days became his normal self. He has shown no further sign of instability during the ensuing five years and has been wise enough to abstain from all active participation in electioneering.

The foregoing case was, I submit, one of morbid elation produced by excessive stimulation and excessive gratification of the self-assertive tendency. I have no doubt that, if any forcible restraint had been applied, or any attempt made to confine him in a hospital, the excitement would have increased and he would have presented the picture of

a full-blown maniacal excitement¹. It is not impossible, I think, that, if such aggravation of the condition had occurred, it might have left the increased susceptibility to incoordination within the sentiment of self-regard which, I suggest, is the ground of manic-depressive alternations of exaltation and depression.

Before describing another case which seems to fit well with my suggestion, I adduce some further theoretical considerations in support of it. The predominant emotion of the manic condition is elation; but another emotion is so commonly displayed to excess, sometimes so dominating the scene, that it might be regarded as a characteristic of the condition, namely anger. This fact may be seen to be entirely in harmony with my hypothesis, if we consider the conditions that evoke anger. The anger impulse is normally evoked by any thwarting of any other strong impulse². Therefore, if any one instinctive impulse becomes abnormally intensified, we may expect to find also an increased irritability or rather irascibility. But the self-assertive impulse is peculiarly apt to occasion anger; because it is so constantly in play in all social relations, and can suffer thwarting, not only through the overt actions of others, but through a mere word or gesture or facial expression, or even through mere passivity or indifference, a lack of submissive response on the part of others. The persons who are most irascible are in the main those whose course of life has favoured the development of the self-assertive tendency at the cost of the submissive tendency. It is for this reason that the retired colonel or general has become in fiction the accepted type of extreme irascibility, especially the retired colonel of the Indian army. He has figured in a thousand and one stories as the man who, in spite perhaps of a kindly and benevolent disposition, grows red in the face and breaks out with strong language at the slightest opposition to his opinions or thwarting of his wishes. Such irascibility has been commonly ascribed to the liver; but the effects of tropical climate on the liver are of secondary importance. Such a man has spent the greater part of his life in a position where, surrounded by submissive subordinates, it is his duty and his pleasure to issue commands that are unquestioningly obeyed.

Anger, then, is a secondary feature of mania. So long as the manic patient gets his own way, he is pleasant and often witty and amusing.

¹ Fortunately I was able to be with him continuously during the few days when the excitement was at its height; if that had not been possible, it would have been necessary to commit him.

² Cp. my *Social Psychology*, p. 59.

He enjoys himself immensely; for his exaggerated, unchecked, self-assertive impulse obtains intense gratification through the imagining of successes and triumphs of all sorts.

Just as the primary and fundamental affect of mania (namely elation) is apt to be complicated by anger; so the primary and fundamental affect of the depressive phase, namely self-abasement, is peculiarly liable to be complicated by fear. And this fact also is in harmony with the hypothesis. When we are dominated by the submissive impulse, we feel small and weak, and other powers seem vast and overwhelming; we cannot stand up against them. If, then, this impulse becomes morbidly intensified, it is natural that the imagination shall take a fearful turn. The patient feels himself weak and helpless, and in most cases guilty (and here of course any repressed ground of self-reproach may operate as a secondary factor)¹. He imagines either various offences and shortcomings, or is content to claim that he has committed "the unpardonable sin" without having the vaguest notion what the nature of that sin may be. Then, logically enough, he imagines all sorts of punishments, especially those of the vaguer kind; fire and brimstone and so forth, if his early education has taught him to believe in the devil or other such retributive agents. These imaginings then fill him with terror which may inhibit all other activities and keep him cowering in bed or other place of retreat.

A striking feature of mania is the ceaseless activity of the patient, the tremendous output of energy which, though in some cases it renders the patient thin, sometimes is maintained for a long time without producing any signs of fatigue or exhaustion, in spite of shortened sleep. The medical man, contemplating a hypomanic patient is often inclined to envy him and to wish that he also might be permanently hypomanic. Whence comes this abnormally great flow of energy? How can we account for the continuance of this tremendous output of energy without exhaustion? There are two factors to be taken into account. First, we must recognise that in the normal man the constant reciprocal play of the impulses of self-assertion and submission, through which his sober balanced reasonable view of himself and of his relations to others is maintained, involves a considerable internal consumption of energy. The process, although it is entirely normal, is yet of the nature of internal conflict; and, like the morbid conflict of the neurasthenic, it consumes energy internally without any corresponding overt activity. In the manic state this conflict, so essential to the normal conduct of life, is in

¹ No doubt sexual irregularities frequently play this part.

abeyance; the self-assertive impulse works freely without any such internal consumption of energy in inhibitory work¹. It works freely with all brakes removed: whatever the nature of the inhibitory process, we may liken it to the application of brakes that involves consumption of energy without external output of work.

Secondly, there is some ground for believing that all instinctive activities draw upon a common supply or source of energy. If my old hypothesis of inhibition by drainage² is an approximation to the truth, it follows from the fact that any one instinctive activity tends to inhibit others, that the several modes of instinctive activity must be regarded as drawing upon a common supply of energy; that the several instinctive impulses do not represent specific forms of nervous energy; but rather that, just as we do not need to postulate specific energies of sensory nerves in order to explain the specific qualities of sensation, but may attribute those specific qualities to the specific constitutions of cerebral elements, so we may suppose the energy at work in the various modes of instinctive activity to be one in nature and origin, and to be given its peculiar mode of expression in each case by the instinctive disposition through which it finds expression.

The way in which one instinctive tendency, or a group of such tendencies organized in a sentiment, may for a time dominate the whole organism at the cost of all other modes of activity (as in the case of the young man in love) bears out this view. It is facts of the order here referred to which give colour and justification to Bergson's use of the term *élan vital* and to Jung's use of the word 'libido,' or better still the word 'hormé,' as denoting the sum of the vital or psycho-physical energies of the organism.

If it be true that all the instincts draw upon a common source of energy, then, when one instinct or sentiment acquires decided dominance over all others, that one may be regarded as enjoying a virtual monopoly of the vital energy and as giving it outlet or expression in a peculiarly effective and economical manner, just because it works without the rivalries and inhibitory expenditures inevitably involved in balanced self-controlled conduct.

I have attempted to elucidate the physiology of instinctive action

¹ It would probably be truer to say that the energy thus consumed is expended in maintaining the muscular tensions through which the poise and balance of the normal man are expressed.

² Cp. *Brain*, 1902, "The Nature of Inhibitory Processes in the Central Nervous System."

along these lines in an earlier publication¹. Here I will add only a point in its support from the phenomena of the manic state. If the manic state were one of generally increased excitability and lack of control, one in which all instinctive urges are manifested with unusual intensity, we should expect to find manic patients liable to much sex excitement and apt to make violent sexual assaults. But that, I believe, is not commonly the case. The dominance of the one form of excitement seems to withdraw energy from the alternative channels.

Again, the rapid volatile thinking, the so-called flight of ideas, characteristic of mania, reveals no preoccupation with any one topic, no sustained interest in any one sphere of activity; and that is the peculiarity of the self-assertive impulse as a sustainer of mental activity; it can feed upon material of all kinds, can disport itself and acquire its gratifications in any field. Further, the absence of sustained thinking directed to any particular goal is entirely in harmony with the hypothesis. Sustained thinking implies doubt, uncertainty, hesitation, or suspension of judgment; and such suspension of judgment implies some balanced opposition of active tendencies². But in the manic state there is, according to the hypothesis, no balancing of opposed tendencies; the one abnormally dominant tendency to self-assertion, re-enforced by the anger impulse, bears all before it; there is no internal opposition, no criticism, no suspension of judgment or doubt, the patient leaps at once to his conclusions and passes on; the question of truth or reality cannot arise in his mind; hence "the flight of ideas." And this "flight of ideas" proceeds with a maximum economy of energy, just because it is a freely working process, a process without checks and inhibitions, doubts and questionings. The form of mental activity that fatigues and exhausts is the weighing of alternatives and the making of critical judgments; and all that is lacking in the thought processes of mania.

We may perhaps add a third factor to this explanation of the great output of energy during mania. In some way that we do not understand, the pleasure or satisfaction of success promotes activity, seems to augment the amount of energy at the disposal of the organism at the moment. Now the manic patient is constantly enjoying such satisfactions or gratifications; in imagination, at least, he is constantly achieving great things; and, even when he is thwarted and breaks out into a furious display of anger, he smashes up the furniture or attacks his

¹ "The Sources and Direction of Psycho-physical Energy," *American Journal of Insanity*, 1913.

² Cp. my *Outline of Psychology*, sections on Judgment, Belief and Reality.

attendants with a singleness of aim, an absence of all inhibitions, that ensures him considerable successes and correspondingly intense gratifications. These, in accordance with a fundamental principle of our nature, sustain and augment his output of energy.

The development and due organization of the sentiment of self-regard is a long and delicate process. We may assume that it is not always effected with complete success. The circumstances of early life may be adverse, and may tend to prevent the attainment of harmonious integration of the sentiment; we might expect, then, to find that such a person would exhibit the cyclo-thymic peculiarities, and that any breakdown under emotional strain might take the form of the manic-depressive disorder. Something of this sort seems to be exemplified by the following case.

O'B. was a man of thirty years, of Irish descent; his family was Roman Catholic and of the lower middle class. He had intellectual capacity and ambitions and was studying law. As he boastfully remarked, he was the only member of his family and perhaps the first of his name to aspire to intellectual distinction. His father was a man of violent temper, who, though not devout, insisted upon the forms of the Roman Church. At an early age the son began to rebel against the prescriptions of the family's religion; but he continued to conform outwardly under the pressure of his father's authority. In the middle twenties he married a girl of a Protestant family, in defiance of his father. The girl was a typically modern, emancipated and up-to-date young person. She refused to have any children and regarded her husband as existing chiefly in order to supply her with the means to "have a good time," that is to say, to continue the round of gaiety to which she had become accustomed before marriage. She habitually exposed as much of her person as the law would permit, and regarded young men as necessary means to "a good time." Further she was entirely sceptical in all things, especially in respect of all moral and religious teachings; and she made fun of those religious beliefs which her husband continued to harbour, although he had ceased to be a practising Catholic. Here then was a train of circumstances which, if the hypothesis I am putting forward is sound, might be expected to lead to disorder of the manic-depressive type. Manic-depressive disorder of a mild type set in some few years after marriage and became gradually accentuated. Up to the time when he came into my hands he had escaped confinement in a hospital, except for one short period. The phases of exaltation and depression were of brief duration and com-

monly were separated by weeks or months of normal or nearly normal mentality.

In the depressed phases he was full of fear whose objects were largely determined by his religious training: at these times he believed in hell-fire and in the devil; and he felt that he was surrounded by spirits powerful to aid or to hurt: he looked upon himself as a miserable sinner who could not hope to escape the fate proper to a heretic and an apostate. His wife's sceptical pleasantries and jeers at the expense of religion in general and of Roman Catholicism in particular were terrible to him; and, when his fears were revealed to her, she lashed him with scorn and contempt before which he quailed miserably. Such jibes failed to stimulate him to any self-assertive reaction. What right had he, an ignorant creature of humble origin, to question the immense and ancient authority of the Church? What the Church taught was true; and there was no hope of salvation for him; he had had every chance to be a good Christian and had wilfully chosen the path of evil. In his exalted phases he was entirely sceptical of all religious teaching. His self-assertion largely took the form of seeking controversies with high authorities on moral and religious questions. He sought and obtained interviews with priests and distinguished theologians and professors. It was in this way that he came across my path; he thought my reputation sufficiently high to make me a foeman worthy of his steel; and he sought me out in order to argue sceptically and with the utmost dogmatism and self-confidence against all religious and moral beliefs. At these times his wife's frivolous conduct gave rise to a furious jealousy that was completely lacking in the depressed phases.

Here then was a man in whom the sentiment of self-regard had developed under difficult and disturbing circumstances. Physically he was of well-marked Nordic type; he was introverted and introspective; and that his self-assertive tendency was strong is sufficiently proved by his intellectual ambitions and by his breaking away from the family traditions to take up a professional career¹. A tyrannous father put a continual pressure upon him to conform to the family religion and to follow a calling of the kind traditional in the family. He grew up under circumstances that greatly accentuated the normal conflict between the

¹ I have pointed out elsewhere (*National Welfare and National Decay*) that the Nordic type, by reason of its lack of docility, is unsuited to a religion of authority. I may add that it is in Saxony, where in anomalous fashion a largely Nordic population retains the Roman Catholic religion, that the Nordic tendency to suicide attains the highest recorded rate. There can be little doubt that this man, if he had been brought up in a Protestant family, might have escaped his disorder, which may well lead to suicide.

self-assertive and the submissive tendencies and led to alternating undue dominance of each in turn. His unfortunate marriage intensified the conflict and rendered impossible a due cooperation of the two tendencies; hence his oscillation between exaltation and depression.

One or two more points may be made in support of the theory of manic-depressive insanity here suggested. In no other form of disorder do we observe an alternating predominance of two different affects. This alternation in this common disorder shows that these two affects are somehow functionally related in an intimate manner and that the disorder is the consequence of disturbance of the normal balanced relation between them; now, it is the sentiment of self-regard alone which everywhere in all persons involves such an intimate combination of two distinct and opposed tendencies; and it is this sentiment which constitutes the very core or rather crown of the personality, the keystone of character, the balance wheel of conduct. Again, in some insanities the intercurrent of some acute physical disorder sometimes abolishes the mental symptoms for the period of its duration. This effect, one of the most mysterious in the whole range of medicine, is in itself strong evidence of the functional nature of the insanity; no such abeyance of symptoms occurs or could be expected in an insanity arising from gross cerebral disease, such as general paresis. My limited experience does not enable me to say whether the manic excitement is peculiarly susceptible to such influence; but I venture to suggest that, when such abeyance occurs in the course of mania, it may be explained in terms of the hypothesis, as follows: we have seen that a state of bodily well-being favours the predominance of the self-assertive impulse; while bodily weakness and ill-health favours that of the submissive impulse; and it may be that hormones play a specific rôle in the matter. If then a manic patient falls sick of a physical disease, may it not be that the physical depression suffices to restore for the time being the due balance between the opposed tendencies of the self regarding sentiment, re-establishing a due docility? We may see an analogy to the process suggested in some young children. An undisciplined infant of strongly self-assertive tendency and great physical vigour, who makes life hard for all his obedient slaves, is sometimes suddenly reduced to docility and 'goodness' by some mild physical disorder that sends up his temperature some two or three degrees.

A last point in favour of the hypothesis we may see in the fact that although manic-depressive disorder seems to be distinctly a functional disorder, recovery from which with little or no impairment of mental

powers is the rule, yet it does not seem to be susceptible to any form of analytic treatment. I do not know of any case in which it is claimed that psychological treatment, beyond simple tactful humouring and management, has materially contributed to cure. This implies that the root of the disorder is not to be found in any repression or in any dissociated system of memories. And it is consistent with this view that the manic patient commonly can, when the excitement has subsided, remember pretty well the incidents and experiences of the exalted period. Whereas during intermissions of, or on recovery from, some other acute insanities (more especially attacks of *dementia praecox*, in which repressions seem to play the leading rôle) the patient, if he can remember anything of the acute period, remembers it vaguely only, as a dim dream-like experience.

Dr E. Kretschmer's *Physique and Character*¹ contains a careful study of the cyclo-thymic or cycloid temperament. All that he says of it seems to fit with the hypothesis sketched in this article. I append a few excerpts to illustrate the fact. He distinguishes among cycloids two classes, those who incline to excitement, whom he calls the hypomanic cycloids, and those who incline to depression, the melancholic or depressive cycloids. Both classes are liable to manic-depressive disorder; in such disorder the manic phases predominate in the former class, the depressive in the latter. Of the one class he writes:

The hypomaniac is 'hot-headed,' he is a man of a quick temper, who flares up all of a sudden, and is soon good again. He cannot halt behind a mountain; when anything gets in his way, he sees red at once, and tries to get what he wants by making a row....They do not know what it is to be tired, neither have they the brooding inner feeling of agitation and tension of the nervous man.

Again:

What one calls *hypomanic egoism* has something childlike and naïve about it.... This hypomanic self-feeling is not an abrupt setting up of the individual's own personality against an outside world, which is regarded with hatred or indifference, but a "live and let live," an evenly balanced swimming in comfort for oneself and the world, and an *almost ludicrous conviction of the value of one's own personality*....Only in rare cases do we find strong ambition in a cycloid. Hypomanics rather, on the whole, display a dashing impulse to work, and a *satisfied self-feeling and self-sufficiency*, than a burning thirst after a high-placed end.

He speaks also of the hypomanic's "tendency to superficiality, tactlessness, *over-estimation of himself and recklessness*." He cites as a typical hypomanic remark: "I am a valuable chap; a man of feeling. My wife hasn't the least idea what she got hold of when she got hold of me."

Of the depressive cycloids Kretschmer writes as follows:

¹ London, 1925. I should say that this article had been written before I had the opportunity to read Dr Kretschmer's book.

In difficult, responsible positions, when there is any danger, in thorny, exasperating situations, and in a sudden precarious crisis in business, they are not nervous, irritated, or agitated, like the average man, and particularly like a great many schizophrenes. But they are unhappy. They cannot see any distance ahead, everything stands like a mountain in front of them....Patients and their relations are apt to describe slight cyclo-thymic depression euphemistically and inaccurately as nervousness. If one enquires further, one does not come upon what the doctor understands by nervousness...but an indefinite depressive discomfort *with feelings of psychic inhibition and inferiority.*

He writes also of their "*well-marked good-natured unassumingness, which makes the melancholic cycloid so pleasant in personal relations.*" Also they, "in spite of their conscientiousness, have a *tendency to give in and make a fair compromise.*" And

they can raise themselves from the bottom rung, through their assiduity, conscientiousness, and dependableness, their quiet, practical outlook, and, last but not least, through their goodness of heart, their affable friendliness and personal fidelity, to the position of a kind of revered, indispensable, old factotum, beloved of all....If they are suddenly thrown into violent, unaccustomed, responsible situations, then they easily lose their courage, their wits and their energy, indeed, they get a typical repressed depression....Among the more depressive temperaments, we often find religious men. Their piety, just like their personality, is soft, very emotional, heartfelt, rousing deep feelings combined with conscientious belief, but *without pedantry and bigotry, unassuming and broad-minded towards those who think otherwise, without sentimentality or a pharisaic or sharply moralistic accent.*....A certain anxiousness and shyness is found with many cycloid-depressive natures...*this anxiety and shyness seems to be closely connected with the lack of self-assertion, and the tendency to a feeling of inferiority, and are psychologically determined by them.*

I have put into italics the phrases in these passages which seem to me to indicate clearly that in these two types of the cycloid we have to do, on the one hand in the hypomanic, with persons in whom the self-assertive impulse is insufficiently checked by the submissive; and, on the other hand in the depressives, with persons relatively lacking in the self-assertive impulse.

ABSTRACTS

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JAMES DREVER: *'Conscious' and 'Unconscious' in Psychology*. Consciousness is not an entity but a character belonging to certain processes or events in the universe, and though incapable of definition may be figuratively described as a 'psychical integration' or as an 'inside view' of an event; consciousness for the psychologist is a primary fact. The conscious process is conditioned by inner processes or 'dispositions' (interests, prejudices and sentiments) but the character of consciousness does not belong to these determinants, they are 'unconscious.' The individual is not aware of them to be sure, but are they not to be classified under the head of conscious processes? Drever attributes them to the 'structural unconscious.' The terms 'subconscious' and 'extra personal' confuse terminology. What of the processes, which determine dreams for instance—processes that can never become conscious? These are 'endopsychic' processes and are of two types: (1) those involved in the operation of associations, and (2) those involved in the interaction of dispositional elements, e.g. in conflict. The first type illustrates the 'functional or dynamic' unconscious, the second the 'structural unconscious.' Just as the cells of the body cannot act independently neither can the 'cell wishes' (the psychic energy manifesting itself in the activity of each cell) seek their own ends but are forced into an equilibrium by reciprocal inhibition. Each 'cell wish' acting under the Pleasure Principle seeks its own end but "because of the Reality Principle resident in the life of the organism as an organism there must necessarily be repression of trends and partial trends," repressed trends remain active in the 'unconscious,' i.e. within the cell life. He adds that this interpretation of Freudian psychology has not yet been attempted but he believes it is useful and fruitful. As an example he takes the state of love in which not merely behaviour but the whole attitude of the individual towards the object is modified. Anger may be inhibited and may not be conscious at all in relation to the object, here is conflict but yet the lover is not conscious of it. It is possible that the process is physiological but to assume this is as easy as it is baseless. J. W. BRIDGES: *A Reconciliation of Current Theories of Emotion*. Introspectionists, behaviourists, functionalists, structuralists, psycho-analysts, 'and what not' waste so much time in dispute; they should be brought into co-operation. If the fact of consciousness and the fact of behaviour are both accepted and the assumption is made that instinctive consciousness invariably accompanies instinctive bodily response—then most of the current theories of emotion are compatible. W. T. ROOR: *The Psychology of Radicalism*. Liberalism is an attitude of the mind, the conservative attaches sacredness to tradition, radicalism is 'social relativity' (p. 342), and there are emotional and intellectual radicals, the former have a low emotional breaking point, anything sets them off into hysterical or paranoiac tantrums... Billy Sunday... the functional neurosis of radicalism... commercial radicalism (p. 356). JAMES H. LEUBA: *The Sex Impulse in Christian Mysticism*. We must surrender to the evidence: the virgins and unsatisfied wives who undergo the repeated 'love assaults of God' suffer from intense erotomania induced by organic need

and worship of the God of Love. [There is no analysis of ecstasy in terms of repressed alloerotic impulses or allusion to the ontogenetic origin of God.] LEO KANNER: *A Psychiatric Study of Ibsen's 'Peer Gynt.'* He was the son of an alcoholic father and a feeble-minded mother, a pathological liar, a day dreamer, full of illusions and delusions, with visual, auditory and somatic hallucinations, self-satisfied, egotistical, emotionally indifferent and immoral, with no inhibitions, no insight and no judgment—psychiatric diagnosis: dementia praecox, 'intrapsychic ataxia' and splitting of the psyche. Then why do people go to the play? Out of pity for the hero or fear for themselves (Aristotle)? The author thinks no one could pity the braggart though they might well pity his mother, one has compassion for Solveig too, but one is not afraid of going insane. No. We go to the play to watch a noble mind o'er-thrown, just as we go to an asylum to feel the incomprehensible inexpressible mysteriousness of the situation when the partition between genius and insanity is torn away! SARAH E. MARSH and F. A. C. PERRIN: *An Experimental Study of the Rating Scale Technique.* Size of head, physical attractiveness, intelligence and leadership, etc. are rated. ROLAND C. TRAVIS: *The Measurement of Fundamental Character Traits by a New Diagnostic Test.* Fifty psychological and psycho-analytical terms are chosen to represent a number of sets or personal attitudes, 200 sentences grouped into sets of ten are given to the subject to number in order of preference. If the sentence "Find out for yourself" is given first choice a sly character trait is revealed; "Be your brother's keeper's keeper" indicates a religious set; the cases were 'analysed' and a remarkable correlation found: often 90 per cent. agreements between analysis and test. No details of the method of analysis are given.

Vol. xx, April, 1925. EDITORIAL. \$5000—reward to anyone who will demonstrate supernormal material phenomena under rigid laboratory conditions. *Intelligence Testing and Personality Rating for Vocational Guidance in Colleges* is advocated. GEORGE HUMPHREY: *Is the Conditioned Reflex the Unit of Habit?* It differs from habit in being less robust and self-subsistent, it is a simplified type of habit rather than a unit. IRVING C. WHITTEMORE: *The Competitive Consciousness.* WILLIAM McDUGALL: *A Great Advance of the Freudian Psychology.* In "Beyond the Pleasure Principle" Freud abandons the attempt to interpret the war neuroses in terms of Freudian theory. McDougall regards 'the original Freudian theory' as a strange mixture of three irreconcilables, a mechanistic determinism, psychological hedonism and the hormic principle which sees instinctive urges at the root of all thought and action. The modification introduced by the book above quoted is based on a recognition that instinctive urges work within us in relative independence of pleasure and pain, a recognition that was foreshadowed by the profoundly obscure term 'the reality principle,' and acknowledged in the concept of 'repetition-compulsion.' McDougall thinks the last notion unnecessary because the phenomena ascribed to it can be explained by the hormic principle according to which "every instinctive tendency is a tendency towards a goal of a particular kind, and however it be brought into play it tends towards that goal. Hence repetition is of the essential nature of instinctive activity." Accordingly the death instinct is regarded as extravagant speculation. If Freud had taken to heart the lessons contained in McDougall's *Social Psychology* in 1907 a great deal of misdirected energy would have been saved, the false dogma of the all-dominance of the pleasure-principle would not have been put forward and

"we should have seen a more rapid advance." Freud is further reproached for not defining human instincts in the light of comparative psychology and for making passing references to base instincts of cruelty without pausing to define them and for his neglect of the ego-instincts. The greatest need to-day is a union of hormic psychology with the valuable insight into human nature which Freud and the psycho-analytic movement have brought us. "Beyond the Pleasure Principle" is a most welcome step in this direction. He ends with a warning that nervously deranged patients are not a sound subject-matter for investigation without widely correlated observations on men and animals. Viewed in this way Freud's attempt to display such instinctive reactions as fear and curiosity as disguised expressions of the sex instinct appears to be narrow, unbalanced and trivial. SAMUEL A. TANNENBAUM: *'Interpreting' a Compulsion Neurosis*. The author means an obsessional symptom and is dealing with the symptom mentioned by Freud in his 'Introductory Lectures' in a woman who ran into the next room, stood by a table, summoned the maid and then dismissed her with a trivial order. Tannenbaum asks Freud nearly sixty questions about the case, points out over fifty additional objections to the technique employed or omissions made and makes fourteen rhetorical statements or questions. The abstract cannot therefore be a full one. He says that the size and colour of the table-cloth are not mentioned, nor the size, colour nor location of the stain. Was it red ink or gravy? On a white or coloured cloth? Did she make a fresh spot every time. How long did the maid put up with this treatment? He ends his 15 page paper with alternative interpretations, the compulsive act may be (1) a manifestation of a desire to prove to the maid that she was a virgin on her bridal night (not that her husband was impotent), or (2) that she indulged in coitus frequently (as shown by the many stained sheets), or (3) that she was making homosexual advances to the maid (by standing at the table or lying on the bed), or (4) she was unconsciously saying to the maid: "Pity me! see what a wretched marriage I have made! This old dotard has to stain the sheets with ink to give the impression of potency," or (5) she proclaimed to the world through the maid her husband's unfitness and her justification for not living with him. The author who shows so much ingenuity in devising alternative interpretations, though he calls it foolery, is really persuading his readers that neurotic symptoms may have a meaning—a point which he sets out to refute. MORTON PRINCE: *Automatic Writing combined with 'Crystal Gazing'*. There can be multiple synchronous activities, or more precisely there can be subconscious processes which may take on autonomous activity and determine 'automatic' and other kinds of behaviour (including conscious mental processes). FREDERICK HAUSEN LUND: *The Psychology of Belief. A Study of its Emotional and Volitional Determinants*. Advertisers, politicians, ministers and others cannot afford to be ignorant of the nature and conditions of belief, the author believes there is a high correlation between what the people want and what the people believe. He devised the following experiment to bring statistical validity into the solution of the difficult problem. Thirty propositions were drawn up and the subject had to say of each one whether he believed in it without doubt, or had only a fairly strong belief, or a slight belief, or no belief or disbelief, or was somewhat inclined to disbelief and so on, he had then to say of the same propositions whether he could very certainly affirm it, or only fairly certainly, or was not sure, or whether it was a chance, denial was also carefully graded, he had further to say whether the proposition was highly or only quite desirable, somewhat desirable or indifferent, etc. Now these are

samples of the propositions: (1) Was Lincoln an honest and upright man? (6) Did the whale swallow Jonah? (7) Do molecules exist? (9) Is Christianity losing its influence in this country? (20) Does $2 + 2 = 4$? (25) Do animals have feelings similar to our own? (27) Do landscape paintings yield as much satisfaction as the finest natural scenery? In addition to assessing accurately the degree of belief, certainty and desire for each of these propositions, the subject finally has to say in a percentage whether the content of the proposition is within bounds of demonstrable and indisputable fact and the extent to which it remains a matter of opinion. The author proceeds to analyse the returns: women school-teachers from Nebraska ranked as most desirable of all propositions that marriage should continue monogamous while Columbia sophomore boys ranked it as low as eighteen in the order of desirability. In the same way the puritanical West brought up the correlation between belief and desire on the religious propositions to a very high figure, and so on. He concludes this part of his paper with the remark that the theory of the psycho-analytical school that beliefs are wish-realizations is confirmed by the statistical tables, but he does not bring out the significance of the fact that it is not conscious but unconscious wishes which determine beliefs. W. S. TAYLOR reviews and comments on *Laud's "Modern Theories of the Unconscious,"* preferring a concrete and relativistic to Freud's abstract and absolutistic theory. The *Journal* has opened its pages to Correspondence, which includes short clinical communications and other topics.

J. R.

*Archivos Brasileiros de Hygiene Mental*¹.

J. P. FONTENELLE: *Mental Hygiene and Education*. The author establishes the difference between mental prophylaxis, which aims at attacking the causes of psychic degeneration, and Mental Hygiene, which endeavours to promote the adjustment of the individual personality to the psychical and social environment.

He compares Psychology to Physiology, as the basis respectively of mental and physical health, and touches on the automatization of habits, either physical, or of thought and deliberation. Education, the foundation of the development of personality, is the true constructive work in Mental Hygiene.

These fundamentals are reviewed under the headings of education by the Mother, in the Kindergarten and in the school. The principal habits needed for the satisfactory foundation of personality are indicated, such as self-reliance, self-control and independence. Over-sensitiveness and day-dreaming are discouraged, and sex education is indicated as important.

The author concludes by analysing the responsibility of the Education Bureau in Mental Health work, and the rôle of the Brazilian Society for Mental Hygiene in the co-ordination of all efforts towards the attainment of better mental health in the country.

¹ This is vol. 1, pt. 1 of the *Official Organ of the Brazilian League of Mental Hygiene* (Headquarters in Rio de Janeiro). At the end of each paper a short summary is given in English or French.—Editors.

W. RADECKI: *Mental Hygiene of the growing child, based on psychological laws*. The author reviews the general rôle of Psychology, especially with reference to the mental hygiene of the child.

After an analysis of the usual tests a personal scheme of observation is suggested.

The most important laws of the development of the different psychic functions are formulated, and the manner of applying these laws in practical education demonstrated.

A careful analysis follows of the processes of sensory and affective sensibility, attention, discrimination, association, memory, thought and will, with suggestions for the appropriate educative action based on this analysis.

MURILLO DO CAMPOS: *Notes on Mental Hygiene in the Army*. The author studies the measures of mental hygiene of easy application in military centres. He insists on a systematic psychological examination of soldiers, both on admission and in the event of any grave crime being committed, suggests that conscripts should be classified and employed in accordance with their mental aptitudes, and insists on the necessity of maintaining a specialised staff of military psychiatrists or adequately trained army physicians and instructing officers.

JULIANO MOREIRA. A paper on the necessity for careful selection and supervision of all immigrants in new countries from the point of view of mental and moral suitability, with power to repatriate unsuitable applicants.

F. ESPOREL: *General Ideas on Mental Hygiene*. DR CUNHA LOPES: *Social Prophylaxis of Toximanias*. DR HEITOR CARILHO: *Mental Prophylaxis of Delinquency*. These three papers deal with the subject of mental prophylaxis, from the points of view of general mental hygiene, the problems of toximania, and the study of delinquency regarded as the result of abnormal mental and moral states.

F. Esporel reviews the general possibilities of mental prophylaxis, with a special application to the work of the Brazilian Society of Mental Hygiene; agreeing with general hygiene in the campaign against syphilis, all forms of intoxication and the social poisons, infectious toxaemias, etc.; uniting with social hygiene in the care of the expectant mother, housing, the avoidance of poverty, anxiety, difficult labour, and the improvement of environment and general conditions; and specialising in mental hygiene proper, including the mental and moral education of the infant and the adolescent, assisting the growing child in adaptation to environment, choice of a suitable profession, self-knowledge and self-control, thus laying stable foundations of personality and avoiding much revolt, crime and neuroticism in the adult citizen.

Dr Cunha Lopes advocates collective prophylactic education with regard to the use and abuse of all forms of intoxication, alcoholism and drug taking, beginning with the physicians, who so often sow the seeds of drug-addiction in their practice, by the use of unwise prescriptions.

He urges a campaign in the Press, which should disclose the fatal results of drug taking from the point of view of moral, mental and physical health, and suggests severe repressive measures on the part of the Government (insisting on the necessity of International co-operation) as regards the trade in noxious drugs, rendering their acquisition at least very difficult.

He further emphasises the necessity for early internment and treatment in all cases of alcoholism and addiction to drugs even, if possible, before the development of the characteristic moral and mental degeneration.

Dr Heitor Carilho recommends the careful study, by trained psychiatrists, of delinquents in all prisons, and their treatment and re-education with the aim of enabling them to adapt to social conditions. He takes the view that no truly healthy-minded and normal human being will deliberately set himself in conflict with the penal laws. This should be combined with eugenic teaching in order that the misdeeds of pathological heredity may be avoided.

He considers the prisons to be a valuable field, not only for the re-education, rather than the punishment, of the mental and morally unstable, but for the study of the types (degenerative, hysteric, neurasthenic, toxic, depressive, paranoid, obsessive, etc.) which tend to moral and social delinquency or to the psychoneuroses and psychoses.

M. E. BURKE.

Internationale Zeitschrift für Psychoanalyse. 1925. Bd. xi. ii.

ERNEST JONES introduced the symposium on 'Theory and Practice in Psycho-Analysis.' HANNS SACHS: 'Metapsychological Points of View in Technique and Theory.' Sachs begins by asking why hypnosis has added so little to psychological theory. In hypnosis enormous quantities of libido are mobilised, the patient may even pass to a different state of consciousness—yet the hypnotist tells us almost nothing, and for the reason that both in his mind and in his patient's processes take place in the same system of the mind—in the unconscious. So he cannot explain why he fails or succeeds, nor what leads him to adopt now this tactic now that.

Analysis has passed through the stage of free-association; that is, the stage in which through free association small quantities of affect could achieve cathexis of isolated groups of ideas and thus be helped into consciousness one at a time. This technique can change the direction of energy but it cannot make a change in quantity. Change in quantity is brought about by interpretation (second stage of the psycho-analytical development) in which the barriers of repression are broken down. The strength to do this comes from three sources: (1) the analyst must be able to assimilate the material which he receives from the patient's unconscious and reconstruct it in his consciousness, he must tell the patient the links in the chain of associations so that the patient can follow the 'secondary process' of thought (in consciousness) and make the 'primary process' of thought (in the unconscious) subordinate to it. (2) The ego, which is oriented outwards to the world of stimuli more than inwards to the region of instinct, can assimilate knowledge presented from without more readily than it can perceive the same processes going on within, in which direction it has only direct access to emotions. (3) The circuitous route from the unconscious 'complex,' *via* memory fragments brought up in the free associations, to the conscious thought is accomplished more readily and rapidly through the assimilation of the interpretation which represents the same ideas linked together by the analyst, who, far from being an indifferent being, has become his ego-ideal. Nevertheless much remains in the unconscious. The next stage in development consisted in taking a new orientation to the resistances, these belong to the ego but are for the most part unconscious. (Freud, 'The Ego and

the *Id*'—translation in preparation). In more detail the resistances in part belong to the *id*, in part are reinforced by the super-ego. The ego has in all this struggle a double attitude, it tries to overlook the resistance in the first place, and when squarely faced with it the ego tries to overcome it. In the analysis the ego and *id* have to be separated and the ego induced to take up a new position, namely renunciation of *id*-gratifications instead of countenancing them. This is particularly difficult when the relations between ego and *id* are closer than usual, *i.e.* in cases with strong narcissism. Here Ferenczi's 'active' technique is of great use. The ego, induced by the ego-ideal to enter into conflict with the *id* on account of *id*-gratifications, is in analysis induced to countenance them, thus setting up a new conflict; the ego enters the 'degrading' situation at first unwillingly, then when the ego begins to change and to accept the gratifications a second analytic intervention requires the ego to renounce the gratification. These manœuvres induce the ego to take up different attitudes to *id*-gratification, and at the same time the ego is enlisted against the resistances proceeding from the super-ego. This brings Sachs to the discussion of the third stage of technique, that of guiding 'repetition-compulsion' into a new path, namely recollecting and 'working through' the former experiences instead of eternally re-living them in an incomplete manner. The goal is for the patient to adopt the ego-ideal put forward by analysis: perfect sincerity towards himself and removal of repressions. But since the transference is to personal idiosyncrasies of the analyst, the magnification of these is employed in analysis for the purpose of re-experiencing old situations—old situations however re-lived in an atmosphere of a new ego-ideal. The ego-ideal is being constantly changed, from the nursery and class-room stage to a gentler, more mature attitude to the ego's weaknesses, neither ignoring faults nor at the other extreme rigidly obeying impossible commands. FRANZ ALEXANDER: 'A Metapsychological Description of the Process of Cure.' The Fechner-Freud principle postulates that there exists in the mental system a tendency to reduce as far as possible or at least to keep constant the amount of stimulation and tension in that system. Stimuli come from without and are external, instincts from within are internal, sources of unrest. Taking an example of the former, the reaction to cold may be by an increase of external heat, as by fire (external change—alloplastic) or by alteration of body covering, as by growth of hair (internal change—autoplastic), the former is characteristic of man, the latter of animals. We meet the same two mechanisms in the mastery of instincts. Here the stimuli arise from within but the action has to be directed to an external (love) object. In obtaining relief from instinct-tension both alloplastic and autoplastic mechanisms are involved. Food is obtained by autoplastic means among animals, man uses machinery (ploughs, etc.—alloplastic). The reproductive instinct has adopted the autoplastic moulding of the bodily apparatus, but is directed outwards as well, by creating new objects. However, to return to neuroses: whether it is abolishing inner tensions by mastering external stimuli or internal stimuli (instincts) the psychological apparatus will employ either auto- or allo-plastic mechanisms. It either attempts to modify reality or it alters itself. Following Freud's remark that neurotic symptoms are unsuccessful attempts at adaptation, Alexander puts forward the formula: every psycho-neurosis is an attempt at autoplastic mastering of instinct, and is only partly successful since only the *id* is free from tension, the ego bearing the strain as a feeling of illness or ego-conflict. *I.e.* the conscious ego has reached the mature, exogamous, genital object-libido stage; the symptom is

an autoplasmic modification caused by introjection of incestuous objects into exogamous situations and the substitution (except in hysteria) of pregenital for genital relationships. Put in a general formula: the dynamic task of neurosis is not accomplished, mental tension is not reduced sufficiently; by attempting autoplasmic and regressive mastering of instinct the relief of tension in one part of the mental system leads to increase in another. Treatment aims at re-establishing the original instinct-tension and forcing the mental apparatus to make a fresh attempt at instinct gratification, this time in consonance with the ego. Resistances are struggles of the patient against this process, ultimately therefore resistance is directed against exogamous genital activity, *i.e.* a flight from reality. And what causes the flight?—Frustration, disappointment, trauma and bitter experience cause the individual to give up trying to change the external world and lead him to seek relief from instinct-tension by the apparently less dangerous method of inner discharge (autoplasmic, autoerotic changes). This throws light on the nature of regression. When these regressive measures fail the patient experiences anxiety which is the expectation of a 'painful' increase of tension in the psychical system due to the lasting impression of past defeats in the endeavour to remain tensionless. Anxiety, then, is the ultimate cause of resistance, and is the cause of flight from reality, it explains the clinging to autoplasmic modes of discharge, but not regression. To explain regression more fully we have to add to the Fechner-Freud principle the Breuer-Freud principle of repetition-compulsion. Returning to first principles: external stimuli produce states of tension which lead to motor innervations, the reflex in short. Reflexes deal with accustomed stimuli adequately; new stimuli require tentative experimental measures involving 'reality testing,' and during this process the mental tension remains, and may indeed increase. Reflexes operate without expenditure of mental energy because the reaction, once tentative, is now stereotyped. There is a tendency, then, to turn free energy into 'tonic or bound' energy, to substitute automatism for experiment. In neurosis reality is only accepted when it can be mastered by automatisms. Cf. functions of cerebrum (reality-testing) and the spinal cord (automatism). Similarly with instinct. We see the individual passing through a series of stages at each of which there is a special type of instinct gratification and instinct-mastery, and at each stage there is a liability to fixation, *i.e.* to cling to the familiar and avoid the new. But every fixation is a source of relative protection against deeper regression. Neurosis is determined by the relative strength of the different fixation points, by the degree of regression. The cause of regression is always the same—rejection of exogamous object choice. Using these notions to review the neurotic symptom, Alexander describes its three main characteristics: autoplasmic, regressive and repudiation by the ego. The last needs more elucidation. The ego is oriented to the outer world and reality, the *id* responds by archaic modes of instinct mastery. Between these two Freud describes a third element, a super-ego; its function is to relieve the ego of the task of investigating instinctual demands. It is perception *inwards*, the ego's homologous function is perception *outwards*; it regulates instinctual life on the principle of inertia, not being provided with the function of external perception to any great extent it loses touch with and finally avoids encounters with reality, it is the introjected legal code of former times, of the nursery. It behaves as if the person's environment had not changed since the early days, it behaves 'reflexly,' automatically as though mind had become body. Just as the super-ego has no contact with reality so the ego has none with the

instincts. The ego is not blind to external reality but is deaf to inner (instinctual) stimuli, the super-ego however hears these clearly and behaves like a nursery governess to the *id*, meting out punishments for wishes (e.g. genital gratification) which present requirements justify but which are banned by the obsolete code. Nevertheless, in its stupidity and old fashionedness, it permits the autoplasmic gratification of precisely what it prohibits—it allows incest-wishes provided they take part in symptom formation. Its secret ally is the *regressive* tendency in the *id*. The neurotic activity of the super-ego inhibits ego-syntonic behaviour, which is in conformity with reality, and by means of punishments allows autoplasmic symbolic gratification of the condemned wishes. E.g. in impotence all exogamous wishes are equated with incest wishes, i.e. the super-ego acts like a dull witted frontier guard who arrests everyone wearing spectacles because the person 'wanted' wears spectacles. Naturally such a censor can be easily hoodwinked, if it has meted out punishment it allows the crime. Sometimes crime and punishment fuse as in the one-phase symptoms of hysteria, sometimes they are separate as in the two-phase symptoms of obsessional neurosis or manic-depressive disease. Knowing nothing of reality the super-ego sometimes even inhibits ego-syntonic activities. This anachronism in the mental apparatus, this lagging in the rapid advance of civilisation resists changes (as in treatment) because they involve new adaptations. Treatment consists in overcoming the resistances to the ego's taking over the function of the super-ego. For the symptom to cease the ego must give up reality testing or it must force reality on the *id* by overcoming the super-ego. For the ego there are only two possibilities: accept and carry out or reject and abandon reality. In analysis the former process occurs in two stages. First the analyst takes over the part of the super-ego in the transference but only to shift it back on the patient when interpretation and working through the material from free associations has put the ego in possession of the super-ego. I.e., first the analyst takes control of the patient's instinctual life and then hands it back to the patient gradually—hands it back to the *conscious* ego. In practice however it is found that when a childhood situation has been resolved by the transference the libido does not take up its normal current at once but regresses to earlier stages of instinctual life under the influence of resistance; by following in the wake of the regressions the layered structure of the super-ego is clearly revealed: first the biological relation between mother and child, later the social relation between father and child. In the treatment the patient sees the way in which his passive relation to his mother at the breast is connected with his passive homosexual relation to his father (nipple—penis, cf. Freud's 'Leonardo') which is simply the automatising process at work. The patient holds to these regressive modes of behaviour because the super-ego is so automatic. Before he can become detached from the analyst, who, as said above, takes on the super-ego function, he must say good-bye to his parents whom he has introjected and he reacts to this of course under the influence of the inertia principle, often by producing birth-scene phantasies. Treatment then consists in eliminating the automatisms; these are freed through recollections. "To compare memory-material with the testing of reality is the highest achievement of the mental apparatus. Only the ego can remember: the super-ego can only repeat. The dissolution of the super-ego is and will continue to be the task of all future psycho-analytic therapy." Having made these strictures on the super-ego and limiting the term virtually to the unconscious sense of guilt, the author in apology says he was schematic by intention to emphasise two notions,

Fechner-Freud's principle of equilibrium and the Breuer-Freud principle of inertia¹.

H. NUNBERG: 'On the wish for recovery.' KARL LANDAUER: 'Equivalents of grief.' CLARA HAPPEL: 'From the analysis of a case of pederasty.' WM. REICH: 'An hysterical psychosis in statu nascendi.' KARL ABRAHAM: 'Coinciding phantasies in mother and son.' HELENE DEUTSCH: 'Contribution to the psychology of sport.' OTTO FENICHEL: 'Material in dreams that is foreign to consciousness.' M. WULFF: 'Analysis of a symptomatic act.'

J. R.

NEGATION. Sigm. Freud. *Imago*. 1925. Bd. XI. Heft 3.

In analysis we meet with negation in this form, for instance, "You ask who is this person in the dream—it is'nt my mother!" The analyst concludes that it is the mother. It is as if the patient were to say "I certainly thought of my mother in connection with this person but had no pleasure in acknowledging it." If the patient is asked to say what he regards as the most unlikely thing in any situation he always says the right thing. An idea, then, can thrust up into consciousness provided that it is denied. Denial is a manner of becoming acquainted with the repressed, in fact a release of repression without acceptance of the idea, or rather, since here the intellectual is separated from the affective function, of intellectual acceptance of the repressed with the continuation of the essentials still under repression.

The task of intellectual judgement is to affirm or deny the content of thought, denial is therefore that which the thinker would rather repress; judgement is the intellectual substitute of repression, 'no' is an indicator of repression and labels its origin. By negation thought is freed from the limitations of repression and catches at ideas which it could not tolerate if they were allowed positive expression. Judgement resolves itself into the decision whether a thing is good or bad, useful or noxious—in 'oral terms' whether it shall be eaten or spat out, more generally whether it shall be 'in me' or 'outside of me.' The primal Pleasure-Ego introjects what is good and rejects what is bad. The Bad and that which is Strange are to the Ego, then, identical.

The other function of judgement is to decide whether a presentation has real existence. This is the function of the Real-Ego which develops from the Pleasure-Ego. It is now no longer a question whether a thing be acceptable or not but whether the presentation of the thing be found in reality (by perception) or not—again a case of *outer* and *inner*. Experience teaches that it does not suffice for an object of gratification to have good qualities but that it must exist as well in the outer world so that man can of his need overcome it. Originally before the antithesis subjective-objective was established what was perceived came again to presentation through reproduction [memory]. The function of reality-testing is not to find an object corresponding to a presentation in the field of perception but to find it *again* and to convince oneself that it is still there, unchanged and undistorted by condensations of different [memory] elements. Reality-testing has to control the extent of these distortions so that lost objects can be regained with the qualities they once had for giving gratification.

¹ This and the preceding paper appear in translation in *The International Journal of Psycho-Analysis*, Vol. VI, Part I.

Judgement is an intellectual action to decide on the choice of motor action, it sets an end to the flow of thought and leads over from thought to movement; thought is a motor action with a minimum of expenditure of energy. Perception is a purely passive process but the Ego sends periodically small waves of cathexis to the perceptual system to taste the outer world, and having tasted it withdraws the cathexis. At the stage of judgement we get the first insight into the development of the intellectual functions. Judgement proceeds from the inclusion or expulsion of a thing into or from the Ego. Affirmation—substitute for union—derives from *eros*, denial from the impulse of destruction. Negativism is thus a mark of blending of impulses. By the creation of the negative symbol thought is freed from its dependence on the consequences of repression and the sway of the pleasure principle. [In the process of abstracting the qualifying adverbs 'perhaps' and the like have been omitted so the paper may appear to be more dogmatic than it really is.]

J. R.

Internationale Zeitschrift für Psychoanalyse. 1925. Bd. XI. Heft 3. FERENZI 'Charcot'—an appreciation.

OTTO FENICHEL: "Introjection and Castration-complex." A case history showing how twice a disappointment in love lead to a melancholic grief with introjection of the object, further that the disappointment was not determined by external factors but by repetition-compulsion (internal factors). The case shows the 'metapsychological' difference between melancholia and oral hysteria to be this: identification is not only a means of regaining the lost object into the ego, it is also a means of destroying the object by oral-sadism, the distinction between the two types of illness is to be made on *economic* grounds.

WILHELM REICH: "Further Remarks on the Therapeutic Significance of Genital-libido." In an earlier paper the author put forward the view that the prognosis in transference-neuroses was the more favourable the more completely infantile genital primacy had been attained, and genital object love will be reached more completely the freer the patient is from pre-genital complications. This is all right in theory but in practice a 'pure' genital primacy is not found. Mixtures and decompositions of impulses complicate the situation so that one is forced to ask oneself in regard to every patient in analysis not one but a number of questions on the question of libido organisation: (1) is genital libido repressed or unrepressed, or in what degree is it hindered from free manifestation by feelings of guilt? (2) is it replaced by pre-genital libido, and in what amount and by what tendencies? (3) if the libido structure as presented by the patient is preponderatingly pre-genital, has the infantile genital organisation been attained and later abandoned or has there been an inhibition of development due to pre-genital fixations? I. Orgastic Potency. To limit the discussion Reich confines himself to the questions of orgastic potency. How far, then, do we find symptoms of a disturbed 'psycho-genitality' among neurotics, or put the other way round do we ever meet a case of neurosis without sexual conflict? or putting the barriers still more narrowly about his theme: do we ever meet with a case of neurosis without a disturbance of genital function? Hysteria for example is

regarded psycho-analytically as an illness at the genital stage of libido, obsessional neurosis is a regression from that stage to the sadistic-anal one, i.e. sadism (or masochism) and 'anal' are the dominating libidinal tendencies of this disorder. The so-called psycho-paths show invariably a picture of completely disordered libido arrangement, in the rarest cases a genital primacy. Therefore is a neurosis with intact genital function theoretically thinkable? This leads to discussion of the theory and observations on which it is based: erection and ejaculation are somatic in nature but released psychically. The peripheral and central paths of excitation must be unified, the entire personality must take part in the act. In every form of impotence the paths of discharge are disturbed, e.g., by repressed ideas (castration-anxiety, anal ideas of the vagina or disgust for the same, homosexuality, etc.). Admixtures of non-genital phantasies with genital libido are found, e.g. the man who in coitus had active homosexual phantasies was completely potent, the ejaculative function was in order but the orgasm was weak. Reich postulates that ejaculation and orgasm are united only loosely. The man above did not go to woman for deep union, he had no orgasmic potency with the opposite sex, and in spite of erective and ejaculatory power had a damming up of libido (anxiety neurosis), which mere ejaculation of semen did not remove. In female patients it is simply a question of the orgasmic potency, for they can have pleasurable genital sensations without orgasm. In forming a judgement on genital function the following points have to be considered: (1) the acts of forepleasure should not be too prolonged, this weakens orgasm; (2) fatigue or bodily sleepiness afterwards and strong desire for sleep; (3) among women with full orgasmic potency there is often a need to cry out at the acme; (4) a light clouding of consciousness is the rule in complete orgasmic potency unless the act is done too often; (4) disgust, aversion or weakening of tender impulses to the partner after the act argues against an intact orgasmic potency and therefore that conflict and inhibition was present during the act; (6) the anxiety of many women during the act that the penis will relax too soon before they are 'ready' also speaks against their orgasmic potency (castration complex); (7) disregard on the part of the man for the woman's gratification bespeaks a lack of tenderness in the bonds between them; (8) the postures should be studied: incapability to perform rhythmic movement hinders orgasm and wide opening of legs and firm rest for the back is indispensable for the woman. The next question is: what is the fate of the genital libido in those who are abstinent but who appear to be psychically healthy. On this we can say nothing from analytical experience, indeed it would not be absolutely false to assert that continuous complete abstinence rests on a neurotic basis, because we can scarcely think of a biological function like the sexual one remaining inhibited except by repression, and it is equally hard to imagine repression producing no effects; nor does it do to over-estimate the capacity for sublimation, greatly though that varies from case to case. II. Gratification of Genital Libido as Defence against Relapse. One of the main features of psycho-analytical therapy is that it lays stress on removal of neurotic reactions to instinct activity. The patients have to traverse the path of development from pre-genital to genital stage, the aim is always the same because it is a biological one—to complete genital orgasmic potency. Ferenczi's description of 'genitality' as 'erotic sense of reality' is however only a portion of the reality-principle. Genitality must not be taken to include homosexuality or other perversions because these are neuroses with special mechanisms; further

the patient must not be urged to this goal any more than to any definite position or philosophy; but in deep-going analysis the genital primacy appears of itself. Orgasm is not a property of organs but an expression of the entire unchecked offering to a partner, the libido of the entire body issuing at the genital, it is not simply a genital function. Women with clitoris orgasm are inhibited in giving themselves to their partners and have a diminished capacity for orgasmic discharge. Similarly those sadists whose penis is a sadistic instrument carry into the act an infantile sexuality which tends to place the genital under the sway of partial impulses instead of the other way round. The facts point clearly to the function of genital libido as a libidinal anchor in reality, as protection against relapse. The patient can overcome every pleasure but the sexual. Patients who appear on superficial examination to be cured may relapse but the author has met with no case of a person who after a phase of full orgasmic potency became anaesthetic. This leads to the question of the duration of treatment: the disappearance of symptoms is no evidence of successful cure, neither is the persistence of symptoms evidence of unsuccess. The chief point to consider is the alteration of libido-structure, the passive-feminine male neurotic becomes 'upstanding,' his ego is strong enough to accept his sexual demands in part, in part to pass judgement on them as incompatible with reality.

VILMA KOVÁCS: "Analysis of a case of 'tic convulsif'." HELENE DEUTSCH: "On the psychogenesis of a case of tic." MELANIE KLEIN: "On the Genesis of Tic."

J. R.

The Occult Significance of Dreams. SIGM. FREUD. *Imago*, 1925. Bd. XI. 234-238.

All problems of mental life are to be found in dreams, for example symbolism is no special dream-creation but belongs as much to mythology, anxiety dreams are questions of neurosis, and so on. It is the same with occult phenomena, but since dreams themselves are full of secrets people couple the two in a peculiarly close way. There are two categories of occult dreams—prophetic and telepathic, there is an unmistakable quantity of evidence for both and, on the other hand, an obstinate refusal to meet the evidence. That there are prophetic dreams in the sense that their contents represent the unfolding of the future there is no question, what remains in doubt is the degree of correspondence between the dream and the event. Freud has no experience to lead him to any conclusion. With the telepathic dream the matter is different. By telepathy he means a mental process in one person occurring in another person's mind without employing the paths of perception, and regarding this again it may be said that it is no special dream problem.

If we submit telepathic phenomena to the same criticism that one applies to other occult manifestations there yet remains some material that cannot be lightly put aside—it may be that telepathy exists and that forms a nucleus of truth for many otherwise unbelievable dispositional elements. One does well to maintain one's scepticism obstinately. The following observations are worthy of consideration, though they cannot be communicated with full details.

The person concerned was at a place strange to her and visited an unknown soothsayer who prophesied something that did not occur. The date of the prophesied occurrence had long gone by. Instead of treating the matter as a joke the person regarded the prophesy as satisfactory. The content contained definite particulars which are unintelligible when considered alone. The soothsayer said to the woman, then aged 27 (but who looked much younger), that she would marry again (she was divorced) and at the age of 32 would have two children. The patient was 43 and childless when she came to analysis severely ill and with this story to relate. We can understand the meaning of these figures if we know her private history, which certainly were unknown to the soothsayer in the hall of a Parisian hotel. She married after an unusually intense father fixation and ardently desired children in order to be able to put her husband in the place of her father. After years of disappointment, and on the brink of a neurosis she heard the prophesy that—her mother's destiny was to be hers! For her mother had, at the age of 32, two children. How can we better explain the particulars of the prophecy than by assuming the strong wish of the questioner—in fact the strongest unconscious wish of her emotional life and the dynamic factor in her germinating neurosis—to have announced itself through immediate transference to the soothsayer. The author has repeatedly felt in intimate circles of acquaintance that the transference of strong affectively toned recollections occurs without difficulty, and concludes that such transfers occur particularly well at the moment when an idea emerges from the unconscious (theoretically when it passes over from the 'primary process' to the 'secondary process'). This has to do with dreams to the extent that if there is telepathic communication it may reach the sleeper and be perceived by him in dreams; analogously with other perceptual or thought-material we cannot reject telepathy which may be received in the day and elaborated in a dream in the following night. One would like with the help of psycho-analysis to have more and better established experience of telepathy. [This paper and several others on dreams will appear in the forthcoming Bd. III of Freud's *Gesammelte Schriften*.]

J. R.

REVIEWS

Entwurf zu einer Psychiatrie auf psychoanalytischer Grundlage. By Dr PAUL SCHILDER. Wien, 1925. Internationale Psychoanalytische Bibliothek, No. 17. Internationaler Psychoanalytischer Verlag. Pp. 208. Price 9 Marks.

Psycho-analysts have been contributing to psychiatry for over thirty years and with increasing vigour, and some of the most important additions to psycho-analytical theory in the last decade have been the outcome of close study of the psychoses. Recently the reviewer made an attempt to collect these contributions for a paper to this Section, and found that the task involved a review of almost the whole of psycho-analytical theory. The very complexity of the subject might well frighten the beginner and dismay the textbook writer.

Various textbooks of psychiatry have been written with a paragraph at the end of each chapter on what the psycho-analyst has to say about the various diseases. This method only bewilders students. A book on psycho-analytical psychiatry should lay stress on five points in psycho-analytical theory: (1) the development of the libido; (2) regression and fixation; (3) the three elements in metapsychology, (a) dynamic factors (repression), (b) economic factors, (c) topographical (whether an idea is conscious or is in the unconscious); (4) Ego-development; and (5) the most important feature of the individual's psychic life—the rise and the decline of the Oedipus Complex. There would also have to be chapters on the disintegration of the Super-ego, on sublimation, on character formation and what not. Such a book might be called an attempt to base a psychiatry on psycho-analysis.

The volume before us does not justify its title. The enormous influence and the central position of Freud's "Three Contributions" in psycho-analytical theory is disregarded. Dr Schilder could cut out the meagre references to the pregenital fixations without affecting his main theme, and without most readers noticing the omission if they re-read it in the amended version. Neither is the notion of the unconscious utilized, though it is mentioned. He should have remedied the second omission by the inclusion of his "Spherical Theory," though then he might have forfeited the right to use the label 'psycho-analytical.' It remains to say what he does chiefly deal with. It can be put in a word: *Identification*. The baby identifies itself with the nipple, when it sees a bright object it identifies itself with that object and stretching out its hand tries to 'master' it, to incorporate it into its grasp (action of Ego-instinct). In similar fashion the child identifies itself with its parents and incorporates them into its psyche. There are two kinds of identification and two kinds of Ideal-ego formation, according to the author, peripheral or impersonal and central or nuclear, which is more personal. To the former belong the identifications with objects, to the latter those more important relations to the parents. Peripheral and central Ideal-egos struggle for the central position in the psyche, for control of action. The most important Ideal-ego formations are due to central-identifications. There are therefore many 'Ideal-egos' in a single person, because there are many persons and things introjected into the Ego.

This view of the formation of the Super-ego differs from Freud's in two important respects: it disregards first, the most important factor in the genesis of the differential grades in the Ego, namely, a frustration. According to Freud, when there is frustration (*Versagung*) the cathexis is not annihilated but shifts on to another idea (*Vorstellung*), or else the energy of the cathexis is employed to make a change in the Ego¹ and then is attached to an idea (Object-presentation) in the Ego. Dr Schilder, by omitting the invaluable concept of Frustration as the cause of psychical change loses one of the most useful of psycho-analytical notions; and secondly, by omitting the Oedipus Complex, he loses its most valuable discovery, for it is just because the parents are the objects of the sexual desire of the child and yet are unattainable

¹ Cf. Kapp, "Sensation and Narcissism," *Intl. Jnl. of P.-A.* 1925, vi. 292.

sexually that the child has to 'do something' with the cathexis of the parent image, the cathexis cannot remain indefinitely suspended and inactive in its mind. What it does is well known: it renounces the parents as sexual objects by introjecting them into the Ego, the energy of the cathexis, on being drawn into the Ego, does not produce megalomania, because there has not been a detachment of the cathexis from the object, but produces a change in the Ego, in the *quality* of a part of the Ego, we might say, in contrast to a change in the *size* of the Ego which we can picture as a description of megalomania. This change in quality of a part of the Ego is the process by which the Super-ego is formed. Dr Schilder does not avail himself of this explanation because presumably he has not grasped the importance of the Oedipus Complex in individual development.

The author regards the Ideal-egos as multiple psychical structures having a 'vertical' distribution in the Ego, so that repression can issue from one Ideal-ego division and not from others; and as a consequence of this vertical arrangement the Ego easily 'falls to bits.' He gives a case of a woman with schizophrenia who identified herself with her sister, her father, her grandmother, etc.; in this way by dividing her Ego she was able to avoid conflict. She had destroyed the Ideal-egos in the process as well and had regressed to a number of ego-identifications, so now her conduct had no relation to reality, the barriers between her Ego and the outer world were destroyed, the process of 'depersonalization' had set in.

When there is a splitting of the Ego he finds an observing and an observed Ego face to face. Self-observation (proceeding from an Ideal-ego) is perception with a new and egocentric orientation and is normal in conditions of bodily disturbance; the observing Ego, when it is attracted to the organ which has an over-great libidinal cathexis, treats it as if it were external because it is painful. In similar fashion he regards a disagreeable thought as being 'objectified,' "though the proof in this case is more difficult," which is a process akin to repression. In schizophrenia a high degree of self-observation is found and a large amount of deep material brought up that others keep repressed; it therefore looks to him as if in this disease repression can be removed from the material coming from the deeper strata of the mind while the higher strata are functioning, for he regards self-observation as standing in close relation to the perceptual Ego and an Ideal-ego. Attention is directed for the most part to the self and the bodily organs at the expense of the outer world so that we should expect and indeed find that depersonalization and hypochondria are clinically very closely related. He brings out the contrast between hysterical hypochondria in which object-libidinal relations are clearly seen behind the hypochondriacal complaining and the true kind in which there is no trace of this object relation. In true hypochondria the disturbance is in the distribution and amount of narcissistic libido—the fixation is in the narcissistic phase. In another place (p. 78) he finds 'unending difficulty' in settling the question where the fixation point in schizophrenia lies. There is one in the domain of magical experience, one in narcissism, where body and world are not sharply distinguished. He wavers between the foetal stage, birth and the suckling period.

He gives the term 'depersonalization' a wide meaning, it is a state in which the world feels strange, uncanny, dreamlike, and objects seem at times small or flat, the patients do not complain of an alteration in perceptual function but of a change of their ideas. Emotional feelings change greatly, they feel no pleasure or pain, neither love nor hate. In some cases the personality changes so much that affects show themselves by mimicry. Now the orthodox psycho-analytical view of the cause of this condition is a withdrawal of libido from the objects, but to this Dr Schilder objects that the patients observe their experiences quite well. He offers another theory: in depersonalization there are two tendencies to be found, one which tries to get experiences of the outer world correctly and in spite of the estrangement of the outer world not to renounce the experiences, the other tendency seeks to withdraw cathexis from the outer world. His theory is a development of the psycho-analytical one. He is led to the conclusion that depersonalization is a preliminary stage to withdrawal of libido from the outer world, it precedes the 'Weltuntergang' which denotes complete libidinal withdrawal. A part of the perceptual Ego and Ego-ideal remains in reality, that is

to say, these retain a part of their cathexis. He carries the notion however further than most people would care to follow him, saying that every neurosis begins and ends with a phase of depersonalization (p. 41). He uses the term not only in the sense of a diffuse withdrawal of libido, but of a localized disturbance, thus he speaks of a singer who specialized in coloratura who on feeling ill could no longer sing—the depersonalization was in the oral and vocal sphere, i.e. those organs which she had strongly cathected narcissistically, were most depersonalized.

Dr Schilder does not emphasize what causes the patient to withdraw libido from the outer world, and yet this is one of the most important features of psycho-analytical contributions to psychiatry. Let us examine a few well-known cases to see if some hints can be gained for the cause of withdrawal of libido. In the Schreber case we recollect that his marriage had not been blessed with children and he had no son on to whom he could turn the warm affections he felt for his father: there was a damming up of homosexual libido. In Nunberg's case¹ the outbreak and the certification occurred shortly after he had returned from manœuvres and had taken up his residence with his sister. It will be remembered that he entertained thoughts of a special kind of holy but incestuous matrimony. The cases could be multiplied, but what must be mentioned here is the fact that there were internal and external frustrations playing an integral part in the aetiology of the diseases (paranoia and schizophrenia respectively), and on failure to obtain gratification of these impulses—conscious in both cases as it happens—the patient's libido-organization regressed to pregenital fixations. Freud and Nunberg in the long case histories quoted then trace the next stage in the disease when restitution occurs. Dr Schilder, by avoiding a detailed examination of his cases from the aspect of libido-organization, weakens the book and makes it far less convincing both to psycho-analysts and to psychiatrists. I do not wish to imply that Schilder does not mention the libido theories; he does, but they are not worked into the warp and weft of his subject. His views on the aetiology of schizophrenia deserve special attention. He points out that researches on the shape of the body, Abderhalden's reaction, on the gonads and other organs indicate that there is a disturbance in the internal secretion in schizophrenia, particularly respecting the gonadal secretions, which play a significant part in the establishment of the disease. This illness, conditioned by physical change, affects the psyche, and does so in a different way from gross organic brain lesions. In schizophrenia the physical change produces a change in the position of the libido. He rejects the view that the disease is primarily psychical—a primary tendency to narcissistic regression—but is due to a fixation of a particular physical constellation. The essential causative factor is an 'endogenous component' which acts like a toxin. He compares the clinical picture of the schizophrenic with that of meskaline and cannabis indica poisoning, and suggests that every poison has an affinity for a definite system, and all of them produce a change-about of libido disposition. The intoxicants (alcohol and cocaine) affect the homosexual component of the libido, the hypnotics affect the psychical system which functions in sleep and hypnosis.... This is characteristic of his method: a condensation of several theories and none of them worked out. But though not to be recommended as a textbook, it is stimulating reading for the student who is keen enough to be stirred by his brilliance and shrewd enough to be not more than stirred.

J. R.

An Introduction to the Study of the Mind. By WM. A. WHITE, M.D. Washington, D.C., 1924. Mental and Nervous Monograph Series, No. 38. Pp. iii + 111. Price \$2.00.

Dr White presents an interesting and popular account of general psychology from the point of view of a psychiatrist. After discussing 'what is the mind,' and 'what does the mind do'—its function being to adapt the individual to his environment—he applies the term 'mental' to all *total* reactions of an organism, and therefore to all

¹ *Internationale Zeitschrift für Psychoanalyse*, Bd. VI and VII.

and every living being. Having disposed of 'a half million years of progress' in two and a half pages, he ultimately arrives at the subject of 'relativity' in psychology, e.g. "that the cravings of man are good or bad, depending on how they are used, to what ends they are put." Curiosity is bad if it occupies itself solely with scandal; it is good if it leads to increased knowledge. This may be called 'relativity,' but why not call it by the old term 'teleological'; for what the illustration shows is not that curiosity is 'relatively' good or bad, but that it is good or bad according to the *end* to which it is put. Dr White contrasts the conception of 'sensation' of academic psychology, with the Freudian conception of the 'wish,' characterizing the former as 'hypothetical constituents of the mind,' conceived under 'artificially created laboratory situations.' But surely people experienced pains and heat, and sight, long before any psychologist conceived them? If people conceived them why not study them, and if we are to study them why not under laboratory conditions where we may isolate the factors and so determine the essential nature of what we are studying? Freud may be right in maintaining the 'wish' as the fundamental unit in psychology, but it is only fair to the pioneer psychologist to say that whilst he studied sensation more than anything else because it lent itself more readily to experiment, he did not neglect 'conative tendencies' for which the term 'wish' has been substituted by psychoanalysts. The wish by contrast he describes as having replaced the concept sensation because it expresses the direction of the 'whole being,' rather than of an 'artificially isolated part.' Eight lines further on he says that a wish is a "tendency in any direction whatever, no matter how much opposed to the individual's desires." But if the wish is the tendency of the 'whole being' how can it be opposed to the individual's desires?

The author writes interestingly on the subject of 'identification,' but here he seems to fall into the common error of not distinguishing real identification, which as the name implies is *making* two things one, from non-differentiation. He quotes Darwin's case of the infant who does not distinguish between a duck and other birds and called them all 'quack,' but this is non-differentiation and is a very different process from the pupil, he also cites, who identifies himself with the teacher and imitates his voice, etc. There is identity in both cases, but in one the two things have as yet not been distinguished, whereas in the other things that have been distinguished are identified. This distinction is not purely academic but surely affects our conception of a child's identification, for instance, with its father, which plays such an important part in psychopathology.

While following Freud in speaking of the fore-conscious, he follows Jung in dividing the unconscious into the personal unconscious and the racial unconscious. But he gives a timely warning against thinking of the mind as made up of layers, for "we approach every moment with our whole past." Would it not be true to say that we approach every moment with our whole *present*—for after all when we say we analyse into our past, we are merely using a convenient phrase to indicate that we are analysing deeply into factors at present operating in the patient's life. It is not the patient's childhood that concerns us, but his present state of mind—as affected, no doubt, by his childhood experiences.

The book is clearly written, and it is perhaps inevitable that flaws will be admitted into so concise a statement, which purely as an introduction makes very interesting reading.

J. A. HADFIELD.

Mind as a Force. By C. F. HARFORD, M.A., M.D. London: Geo. Allen and Unwin, Ltd. 1924. Pp. 128. Price 3s. 6d.

This book by Dr Harford, whose death was recently lamented, is a simple exposition of mental laws designed for the patient and general reader, rather than for those already conversant either with psychology or psychotherapy. It follows the lines of the associationist psychology and holds to Janet's conception of Dissociation. The author is obviously a firm believer in Coué, and expounds his dubious views as to the contrast of will and imagination, and those of Baudouin as to the "Law of Reversed

Effort." At the same time he accepts such conceptions as Conflict, Repression, and Complexes, although he defines the latter entirely in terms of 'ideas,' apparently without reference to conative or affective factors.

J. A. HADFIELD.

Clinical Psychology. By LOUIS E. BISCH, M.D., Ph.D. Baltimore: Williams and Wilkins Co. (English Agents: Baillière, Tindall and Cox), 1925. Demy 8vo. Pp. xiv + 217 pages of text, and 102 pages of case histories. 17 plates. Price 15s.

"The primary object of this book is to give the teacher a working basis by means of which he or she may be able to recognize an atypical child in the classroom and to know how best to handle the situation" (p. xii). In some respects the book does more than this and in some respects less. Its main purpose is to introduce diagnostic technique to its reader and is chiefly devoted to mental tests. A "complete schema for detailed history-taking and examinations" is given with the usual thoroughness of books of this kind under the following headings: history of the patient (at least 200 questions), data of identification (scars, thumb-prints, etc., 3 pages), psychological examinations, physician's examination (about 100 questions), private talk with the patient, home and neighbourhood environment (about 100 questions), and so on.

The chapter on the normal child passes over the interest in excretions and sexual matters that is now regarded by almost everyone as not pathological in small children, but in other respects the chapter is sound if at times obscure. What for example is the meaning of the following sentence: "From 8-9 among girls and from 9-10 among boys there is an actual drop in the specific intensity of life"? (p. 50), and how literally are we to take the technical terms when he says of the puberty period, "the disturbances of the period are essentially connected with the sense of personality, and are emotional exaltations of self-consciousness and whatever is connected with it—such as mania, or depression of personality as it concerns melancholia"? (p. 53). One or two quotations more: (p. 100) "One may look upon constitutional psycho-pathic states as a sort of cross between amentia and psychosis," and (p. 117) "moral perversity in childhood may be due to bodily disease (such as eye-strain, infected teeth and tonsils, etc.), or to physiological causes (menstruation in girls, emotional upheavals incident to adolescence, etc.)." As these quotations show the author has not reduced his psychiatry to a living essence for his readers.

The next part of the book deals with mental tests, and here the author is more at home. He uses quotations from the authorities with great freedom and success, giving as a rule the summaries of the persons he quotes. This is the best part of the book and is valuable because it crams a wealth of information with great lucidness into a minimum of space. He prefers the Binet-Simon test to the Stanford Revision. The fifty-eight case histories give the children's answers to the Binet-Simon test and short family and personal histories as well. To get much from these case histories one has to have experience of the Binet-Simon method.

It is a useful book to have at hand for reference and is well provided with a bibliography.

The 'format' is excellent and the publishers have taken the interesting step of publishing a list "of the members of (their) staff who have contributed their skill of hand and brain to this volume." I am afraid the names convey little to me at present but as a tribute to the craftsmen, whose work is admirable, the innovation is welcome. An imprint gains in meaning when open responsibility is thus shared.

J. R.

The Cinema in Education. Edited by Sir JAMES MARCHANT, K.B.E., LL.D. Being the Report of the Psychological Investigation conducted by special Sub-Committees appointed by the Cinema Commission of Enquiry established by the National Council of Public Morals. London: G. Allen and Unwin, 1925. Pp. 159. Price 7s. 6d. net.

The substance of this book presents the report of the two Sub-Committees appointed by the Cinema Commission, the Psychological Research Committee, and the

Cinema Experiments Committee. The latter concerned itself mainly with technical questions regarding the merits of the different forms of projector available for use in schools. The report of the Psychological Research Committee gives a full account of a most important and interesting series of experiments concerned with the value of the cinema as a means of instruction in certain specific directions, the teaching of nature study, and of historical and geographical information. The special problems referred to the Committee were four: (1) The durability of impressions produced by moving pictures in the minds of school-children. (2) The intensity of fatigue caused by cinema instruction. (3) Comparative tests of instruction by cinematographical methods and through normal methods of education respectively. (4) The possibilities of the cinema in cultivating aesthetic appreciation. The first and third of these were taken together, and constitute the basis of the present report. The results are entirely favourable to the cinema as a means of instruction in the directions named. The Committee remarks "The history of the research is one of a strenuous attempt to defeat the cinema on its own ground. This proved, however, to be impossible, for, as clearly shown in the Report, the cinema has, from every point of view, a well-marked advantage for educational purposes." The quality of the research and of the Report is such that this view must be taken as fully established. The Psychological Research Committee dealt with a limited field, one open to exact methods of enquiry and therefore to well substantiated conclusions. One is left with the wish that the wider field of the problem of the general social and intellectual influence of the cinema as the most pervasive form of recreation and of art were susceptible to the same sound methods of investigation.

SUSAN ISAACS.

Statistical Tables for Students in Education and Psychology. By KARL J. HOLZINGER, Assistant Professor of Education, University of Chicago. Chicago: The University of Chicago Press, 1925. Pp. iv + 74.

These tables have been prepared primarily to assist students in making the calculations ordinarily required during a first course in educational and psychological statistics. There is no doubt, however, they would be extremely helpful, at any rate for rough and rapid computations, to the research-worker who has to calculate averages, standard deviations, coefficients of correlation, and to apply the normal curve to the frequency distributions which he obtains. For such preparatory work they save the need for more cumbersome and detailed volumes like Pearson's *Tables for Statisticians and Biometricians*, Crelle's *Rechentafeln*, or Barlow's *Tables of Squares and Cubes*.

The book is compact and handy, clearly printed, and strongly bound. The bulk of the manual consists of tables of squares and square roots, of products and quotients of integers, and of the usual functions of the normal probability curve, similar to those familiar to the ordinary student from the appendices to Thorndike's handbook on *Mental and Social Measurements*. Other tables give four-place values, both for the probable error of the correlation coefficient and for χ_1 , and for five-place logarithms both of $(1 - r^2)$ and of $\sqrt{1 - r^2}$ (figures of special use in determining partial coefficients), and the products of integers multiplied by squares of integers for determining standard deviations. A table of four-place logarithms of numbers is also included. The book should be extremely useful both to students in their classroom exercises and to research-workers in the field of educational and psychological statistics.

CYRIL BURT.

Intelligence Testing: Methods and Results. By RUDOLPH PINTNER, Ph.D., Professor of Education in Teachers' College, Columbia University. London: The University of London Press, Ltd., 1924. Pp. vi + 406. 7s. 6d. net.

Professor Pintner's book gives an account, as sound as it is simple, of the methods of testing intelligence, and of the results hitherto achieved by the employment of

such tests. The author has designed it primarily for use as a textbook in college courses; but it will prove a useful guide to the thousands of teachers who are now becoming interested in the application of psychological methods to the measurement of their pupils' ability.

The book opens with three historical chapters. The first deals with the early history of intelligence testing; the second with the work of Binet; and the third with the more recent developments of the last fifteen years. It is pleasant to find Dr Pintner giving due credit, not only to French and American work, but also to the early investigations of Galton and the later investigations of living English psychologists. This historical survey is followed by a theoretical chapter, which attempts to define the content of general intelligence. Influenced, no doubt, by the views and researches emanating from Columbia, Dr Pintner states that the theory of a common factor of general intelligence 'has not been generally accepted'; and considers that 'the view commonly received' is that of specific abilities showing a high correlation but bound together by no common factor. In Great Britain probably the opposite conclusion would be drawn. In spite of the suggestive criticisms of Brown and Thomson, Spearman's hypothesis of a general factor is the hypothesis that is most widely received; and, as Professor Pintner generously admits, "It is the only theory that has been comprehensively worked out."

The second part of the book gives a simple description of the more important individual and group tests. This portion not only describes the chief scales drawn up by various authors from Binet onwards, but also gives a brief but suggestive analysis of the commoner types of material employed. Professor Pintner himself is the author, in collaboration with Dr Paterson, of a new and valuable type of test known as Performance Tests. Nearly all the other tests are predominantly verbal and linguistic. This alone forms a completely standardized scale of a non-linguistic type, a type which appeals equally to the plain and practical man, and to the specialist who is aware of the shortcomings of the ordinary oral or written test. Professor Pintner's modesty and caution, however, prevent him from giving undue prominence to his own special researches.

By far the largest portion of the book deals with the results of intelligence testing. Separate chapters discuss the application of such tests in various directions—to the feeble-minded and the genius, to the child, the student, and the adult employee, to the delinquent and the dependent, to the deaf, the blind, the Negro, and the foreign-born. These chapters form a valuable summary, sound and systematic, of the results so far obtained. Hitherto the results have been left in scattered books and periodicals; and it is extremely helpful for the student to have them brought together, collated and criticized in a single handy volume. The book concludes with a short chapter on "The Inheritance of Intelligence."

Each chapter of the book is followed by a useful bibliography of the subject with which it deals. Every page is readable, written in a clear and sober style contrasting favourably with so many American writings on Educational Psychology. The volume is clearly printed and pleasantly bound. A brief but brilliant little preface has been written by Dr Ballard specially for the English edition. As Dr Ballard writes: "The appeal of the book is not confined to the teacher: it extends far beyond the walls of the school. It should meet a response in all those who deal with human material, all those who wish to understand people before they try to benefit or to better them."

CYRIL BURT.

Une Grande Mystique—Madame Bruyère, Abbesse de Solesmes (1845–1909). By ALBERT HOUTIN, Libraire Felix Alcan. Paris, 1925. 20 fr. net. Pp. vii + 316.

The main part of this account of the life and influence of Mme Bruyère is the duplicate of a report made to the Inquisition in 1892 by a monk of Solesmes (dom Sauton, a doctor) who was at one time under her influence but afterwards distrusted her methods and finally denounced her. This report is preceded by a biography of

the abbess written by M. Houtin which is no less severe in its judgment of her than is the report of dom Sauton. This book must therefore be considered as a presentation of the case of the prosecuting attorney and not as the summing up of the judge.

The future abbess appears to have shown signs of psychoneurosis in her youth. Afterwards she claimed to have received high mystical graces and wrote a book on mystical prayer.

The most remarkable thing about her life is, however, the way in which she used her reputation for sanctity as a means of dominating the minds and lives of other persons, particularly the monks of Solesmes. This domination was attained by means of long and frequent interviews in which the abbess claimed to train her disciples in the mystical life. The training involved a complete acceptance by the monk of a rôle of infantility in which the abbess took the place of mother. She treated the monk as a little child, giving him a new childish name, addressing him as "Mon cher petit..." and she encouraged him to use the same familiarity in his address to her. The greater number of the monks accepted the claims of the abbess, and her domination over the abbey became complete when a new abbot was chosen who accepted without reserve her spiritual motherhood. A few others (like dom Sauton) after a period of this voluntarily accepted infantility saw its dangers and began to suspect a mysticism which showed so little signs of bearing the fruits of virtue and humility traditionally attributed to mysticism. These doubters provoked in the abbess a resentment as great as her former favours.

There is little in this picture of Mme Bruyère which justifies the author's title of "Une Grande Mystique." The subjugation of the self-regarding sentiment is a part of the asceticism of the greater mystics of which Mme Bruyère had apparently no idea. Perhaps she started with the psycho-physical disposition out of which a mystic might have developed, but her undisciplined egoism which could bear no breath of criticism and her craving for power which knew no limits (at least in phantasy) carried her along a different road of mental development.

It is to be regretted that the part of dom Sauton's report dealing with the medical-psychological aspects of Mme Bruyère should have been omitted by the editor for reasons of delicacy.

R. H. THOULESS.

The Mental Growth of the Pre-School Child: A Psychological Outline of Normal Development from Birth to the Sixth Year, including a System of Developmental Diagnosis. By ARNOLD GESELL, Ph.D., M.D., Professor of Child Hygiene, Director of Yale Psycho-Clinic, Yale University. New York: The Macmillan Company, 1925. Pp. x + 447. Illstrs. 228. Price: \$3.50.

This is the first step of adequate extent really to count toward the formulation in definite terms of the measurement of mental development during the first three years, the following three being already roughly measurable by the Binet-Terman scale. It is during these six years that developmental defects and deviations come to the pediatricist, neurologist, and general practitioner for early diagnosis and treatment and therefore the profession can hardly fail to welcome warmly this pioneer six-year research of Professor Gesell. This greeting will be all the more sincere because the diagnostic norms and procedures have been "presented in such a manner that they can scarcely be misapplied"—guaranteed to be fool-proof, in other words. Parents, too, and kindergartners will find it of surpassing interest, in part because of its 'action-photographs' of young children of various race in the collegiate city of New Haven.

The thirty-eight chapters of the work are divided into four parts, entitled respectively "Introductory," "Norms of development," "Comparative studies of development" and "Developmental diagnosis and supervision," the third being the largest. There also are a preface and the necessary index, the latter not by any means complete.

Professor Gesell suggests the new term 'neonate' for the child during the highly important first month of his sunlit life, and the present reviewer welcomes it and prophesies its general acceptance.

"Whatever the ultimate outcome of the current behaviouristic movement in the field of psychology, it is already clear that this movement will take psychology farther away from its philosophical fixation and bring it into closer relations with physiology and biology....It would appear that the scientific foundations of developmental diagnosis will be medical as well as psychological in the restricted sense of the term. Indeed it is impossible to imagine a fundamental programme in this complicated field without recognizing the partial dependence of developmental diagnosis upon medical science and medical training." From these quotations we see how essentially sound is the author's basal judgment.

The clinical norms set forth in the book are based on a scientific study of no less than five hundred children at ten ascending levels of development and have been tested in actual application at the Yale Psycho-Clinic. The material has been organized in a practical and concrete form which will make it serviceable to students of pediatrics as well as practitioners.

Five of the chapters are interesting discussions of topics of broad interest: developmental correspondence in twins; precocity and superiority; retardation and inferiority; the comparative aspect of development; and research applications of the comparative method. The chapter on normative summaries will interest parents especially, for these norms present the most nearly adequate standards by which they can estimate the intellectual status of their young children. Freud and his work are not mentioned in the book.

Altogether, this pioneer treatise is of unusual importance as well as of unusual human interest to many groups of people especially concerned with children—the most precious of all things in this wonderful world.

GEORGE VAN NESS DEARBORN.

Geständniszwang und Strafbedürfnis. Probleme der Psychoanalyse und der Kriminologie. VON DR THEODOR REIK.

This book consists of a volume of ten lectures delivered by Dr Reik to students of Psycho-analysis in Vienna.

He presumes a certain knowledge of Psycho-analysis on the part of his audience, and points out that his aim is a new presentation of familiar psycho-analytical facts and theories, rather than the annunciation of fresh discoveries.

The chief importance of the work, it appears to us, rests in the fact that interest is focussed on the dynamic importance of the unconscious Ego formations in determining health or illness, and the manner in which these formations betray their existence in the everyday life of the individual.

To appreciate the value and significance of the contents of these lectures it is necessary to be acquainted with the recent work of Professor Freud recorded in his book *Das Ich und das Es*. The publication of this volume marks the approach of important theoretical and practical advances in Psycho-analysis.

For our present purpose it is sufficient to remind the reader that Freud has enlarged his previous conception of the unconscious mind, as a result of exhaustive analytical research and objective observations, and has put forward fresh empirical formulations concerning the differentiation of the Ego, as a result of the influence of the environment through the parents on the one hand, and the internal urge of primitive instinct on the other. The Super-Ego thus formed by identification with the parents is the successor of the Oedipus Complex, and at the same time the foundation of conscience, the important new factor revealed is that the relationship to the Oedipus Complex has exposed the Super-Ego to the repressing forces of the developing personality, and in the adult mind these infantile components of the

Super-Ego are unconscious, as are the primitive libidinal impulses to which they react. Freud has shown that the unconscious Super-Ego with its condemnation of unconscious libidinal impulses, produces unconscious guilt reactions which he groups under the term 'a need for punishment.' The task of the Ego is to satisfy this need just as it must strive to satisfy other instinctual demands, conscious and unconscious.

Reik has developed Freud's concept of an unconscious need for punishment, linking it on to the conception of a universal tendency to compulsive confession.

In his first lecture he describes his aim as an attempt to demonstrate the origin, aim, effects, and forms of expression of a significant unconscious tendency to compulsive confession, which has not yet been sufficiently appreciated, and to which, certain cultural conditions being presumed, he is inclined to ascribe universal significance. We find from the examples he gives, that he applies the term confession to all unconscious instinct manifestations which bear the mark of repression, that is, which show the influence of the Super-Ego. For example, acts unconsciously determined, slips of the tongue, and slips in writing.

The author derives the tendency to compulsive confession from the 'urge' to expression characteristic of all instinct impulses, modified by environmental resistance at a time when the Ego is still weak and undeveloped. He maintains that this modification of expression is accompanied by a change of aim due to the taking up of other instinct expressions. In other words the unconscious manifestations of instinct impulses, with which Psycho-analysts are familiar, reveal the fact that the repressing forces play a part in their determination and constitution, as well as those of the repressed primitive instinct (p. 22). For this reason Reik proposes to call the unconscious manifestation a compulsive confession.

If we turn from the unconscious manifestations of repressed instinct in the healthy individual to the case of the neurotic fresh light is thrown on the subject.

Reik points out that the neurotic symptom demonstrates its origin from two opposing unconscious forces, especially in the case of the compulsion neurotic. In these cases the dynamic power of the unconscious Super-Ego appears to us to be quantitatively specific, and to require differentiation from that of the healthy individual. For this reason we would suggest that the term compulsive confession applies more happily to neurotic manifestations of unconscious guilt than to the universal tendency to express unconscious and repressed impulses. The difference may be only a quantitative one, but this quantitative factor depends on the successful resolution or fixation of the Oedipus Complex and the dynamic power of the earliest unconscious layers of the Super-Ego, which largely determine mental health or illness.

If we compare the slip of the tongue of the gentleman in the Boarding House quoted by Reik (p. 13): "I missed you still in bed" instead of "I supposed you still in bed" with compulsive confession in word and action met with in some cases of compulsion neurosis, we feel inclined to emphasise the difference by speaking of the first as a manifestation of a pre-conscious erotic wish suppressed by the conscious Super-Ego, and the second as a compulsive confession of unconscious incest guilt. The classification of both as confessions is justified in so far that in each case the wish has been condemned, but a study of the wishes from the point of view of the libido reveals differences which cannot be ignored. Both contain avowals of love, the first on a genital plane, the second on a pre-genital. The slip implies a fantasy of erotic relationship on a genital level, the confession of a compulsion neurotic the desire for a masochistic love relationship in the form of punishment of which the confession is a part. The libidinal aim is scarcely modified in the first case, but profoundly altered in the second, and the gratification obtained in the two cases can hardly be compared.

The connotation of the word confession brings with it the deified father figure, in perspective certainly in the picture of the obsessional and other forms of neurosis, but upsetting the relation of values in a more general representation.

The question of the universal application of the term is of small moment however, compared with the importance of the tendency in the neurotic and criminal and its relation to the need for punishment.

In lectures 2, 3 and 4 the lecturer enters into many aspects of the subject,

describing the unconscious need for punishment as one of the most important determinant forces in the whole of human life. The relation between compulsive confession and the need for punishment is not simple. In lecture 4 he describes the compulsion to confess as the tendency to express repressed impulses, modified by the operation of the need for punishment; further he says that where the need for punishment is too great a confession is not attained, but instead a substitute for the original deed from which the need for punishment took its rise.

Freud first drew attention to the part an overwhelming unconscious need for punishment plays in the production of a negative therapeutic reaction, and the practical difficulties involved. In this lecture Reik deals with the technical difficulties and the necessity of bringing the unconscious guilt into consciousness with the original situations to which it is attached. He suggests that the recognition of the biological and psychological necessity of suffering, as Freud calls it, is perhaps the beginning of the overcoming of suffering. Students of Psycho-analysis will learn much from the study of this lecture of the nature and difficulty in working through this unconscious need in analytical treatment.

The statement that compulsive confession is derived from the need for punishment is supported by ample evidence, and the displacement of importance from punishment to confession is parallel with other familiar psychological displacements of interest; indeed it appears to us that it is only when this displacement has taken place that the compulsive character of the confession is convincing, and the particular unconscious manifestation can be adequately termed a confession.

In lecture 2 (p. 33) the author makes an interesting comparison between the emotional stages of libidinal discharge and the emotional relationship of confession to the need for punishment. He describes the anxiety attached to confession as comparable to the forepleasure of sexual relations, and the emotional tension associated with punishment with the end pleasure of the sexual act. As in the case of sexual pleasure fore-anxiety can become end-anxiety, in other words confession becomes an end in itself and not only a forerunner of punishment. Reik proposes 'fore-anxiety' and 'end-anxiety' as appropriate terms to be adopted to describe the emotional reaction invoked by the Super-Ego, which is relieved with partial gratification of instinct emotion by confession and punishment. He in no way intends to exclude a masochistic gratification of the unconscious libidinal component which is pleasurable in the unconscious, by suggesting a partial gratification of the Ego component through the overcoming of fore-anxiety, and he further suggests that the partial gratification which the confession brings to the repressed instinct emotion as well as to the need for punishment, lies in the partial perception of the fore-pleasure, and the overcoming of the fore-anxiety respectively (p. 35).

The interest lies in the effort to differentiate between the gratifications of opposing instincts and instinct derivatives and their emotional qualities. Only further work and observation will prove the value and permanency of the suggestions.

Of more obvious importance is the attention the author draws to the value of confession as a gratification through the transformation of 'thing' presentation into 'word' presentation. He reminds us (p. 35) that Freud has suggested a relation between the quality of consciousness and the formation of word presentation. In analytical treatment the author postulates a lifting of repression through the transference, allowing a partial gratification of the phantasied deed by its repetition in words, and at the same time the voicing of the condemnation of the Super-Ego. He compares the therapeutic effect with the investment of word presentation in the schizophrenic which has been described by Freud as an attempt at a healing process.

In the last six lectures Reik traces out the significance of the mental tendencies described in the case of the individual to the most important social institutions.

The 5th and 6th lectures are occupied with the relation of the 'compulsion to confess' to Criminology and Criminal Law, the 7th deals with its importance in Religion, Myth, Art and Language. The 8th is on the origin of Conscience, and the 9th and 10th on the importance of compulsive confession to Pedagogics and Society.

These chapters introduce a new point of view and merit the attention of any who

are interested in these social problems. It is impossible in a short review to deal with the numerous questions which are raised and the avenues of thought which are opened up.

The possibilities of progress in criminology through the application of the knowledge of these tendencies to confession and the need for punishment, is only one of the many referred to.

The interesting evidence presented by criminals of an unconscious tendency to self-betrayal is of everyday occurrence, but its relation to self punishment has not been considered hitherto.

Reik points out the importance which Society ascribes to the confession of a criminal, and the means used in old days to procure it, and he suggests the possibility that the unconscious perception of Society of the individual's need for punishment might have helped to determine the drastic measures of torture used to obtain a confession, the confession thus obtained satisfying Society's collective need for punishment and that of the individual. He considers at length the psychological origin of Penal Law and the part played by punishment, discussing the various theories of punishment, retributive and protective, and points out the importance of Freud's observation that punishment is the aim and not the result of crime, owing to the need of assuaging unconscious guilt.

The fact that our individual unconscious psychological institutions are reproduced in Penal methods is in keeping with many other facts concerning the basis of Social institutions which Freud has revealed. The possibility of overcoming the unconscious need for punishment in the individual seems to open a road for the furtherance of Penal Reforms. Reik sees possibilities through further displacement of importance from punishment to confession, as the mildest form of satisfying the need.

The value of the contribution lies in the fresh insight and method of approach to problems which at present it is impossible to solve.

An interesting lecture on the compulsion to confess in religion gives the author many opportunities of illustrating the fundamental importance of the tendency to mankind. He points out the resemblance and difference between religious confession (*Berichte*) and Psycho-analysis, pointing out the gratification obtained by confession and its relation to punishment. The tendency in the Church to replace the importance of penance by that of confession is in the author's view an illustration of a like tendency in the mind of the individual.

Myth, Poetry and Art obviously yield illustrations of the same unconscious instinct impulses as has already been shown by many psycho-analytical writers. In the present instance stress is laid on the fact that these manifestations reveal the condemnation of the Super-Ego and the gratification of the need for punishment in the form of confession, rather than on the desire of the primitive instinct.

The further lectures inevitably involve considerable repetition and do not require much comment. The question of punishment in education will naturally raise similar questions as in the case of the treatment of the Criminal, with allied although perhaps fewer practical difficulties attached to them.

In his final lecture the author touches on the subject of the psychic mastery of the sense of guilt through work. This is suggested by Freud when he describes the sense of guilt as dread of the community. Psycho-analysts are familiar with the inhibitions in work occurring as displacements of disturbances in sexual life in those individuals who are compelled to cling to their unconscious guilt reactions. The author takes us back to the fall of man and the punishment allotted, which was the work of cultivating the ground—a substitute for the forbidden deed. He does not however expand the idea nor lay stress on the direct satisfaction of the need for punishment which must be involved. It is not clear what psychic mastery implies, nor its relation to displacement and sublimation.

In conclusion the lecturer speaks of Psycho-analysis as a confession of Society, comparing it to a scientific religion. The analogies and comparisons are illuminating and serve to throw light on questions of wide social interest.

No reference is made to the role of the analyst in this association of religion

and Psycho-analysis, but it is obvious he would play the part of priest and God in his identification with the Super-Ego, the deified father of the patient. This is a well-known identification to all psycho-analysts, but obviously represents only one of the many transference situations which take place during the treatment and should not necessarily overshadow the rest.

In studying these lectures it is well to keep in mind that the object of the lecturer was to lay special stress on one unconscious mental tendency, and the particular form of presentation involved in a course of lectures necessitates certain repetitions and the exclusion of other points of view which might be included in a book written in another form. These drawbacks however do not detract from the essential value of the contributions and the originality of thought and outlook. It is a volume which should be read by all psycho-analysts and is of value to others interested in social and educational problems.

SYLVIA M. PAYNE.

Studies in Psychiatry, vol. II. By MEMBERS OF THE NEW YORK PSYCHIATRICAL SOCIETY. Washington, D.C. and New York, 1925. Nervous and Mental Disease Publishing Company, Monograph Series, No. 41. Pp. 233. Price \$3.00.

L. PIERCE CLARK: *Psychopathic Children. What New York City is doing for them.* Realising the need for knowledge of the subsoil of habit, manners and conduct in the neurotic make-up team work is proposed between educators, penologists and psychopathologists. "Of first importance in making a clinic of this sort is getting a good method of case examination and proper record filing, in order that the accumulated material may in time be thoroughly studied." In addition there will be the National Society for the Study of Normal and Abnormal Children in which "educators, physicians and psychologists will be on equal footing in advancing this great work," which will be furthered by the Society mainly by holding public meetings. All this organisation sounds very well but the thought rises in the reader's mind whether it is profitable to mix research and organisation in this way, whether in this conjunction they do not cripple one another. The view is an heretical one to be sure but is supported by an objective test. This paper was written twelve years ago, the plans outlined were being then put into operation, and what has resulted? It is too soon to ask. Certainly we may answer that the grading and individual treatment of defective, psychopathic and neurotic children have greatly improved, but is it not an illusion to suppose that this method of research leads to increased knowledge of the child's emotional development and 'difficulties'? Let us take Case 2 as an example: here we find a boy of fourteen so poor at book work that he cannot spell 'girl' or 'desk' properly or do the three-times multiplication table, but was specially quick at imitating physical manipulations of various kinds, e.g. handicrafts, engineering, etc. He lived in dread of his father and teachers. Since scarlet fever at three he has been poor at any work requiring visual memory. His backwardness at school engendered shyness and a feeling of inadequacy, he is becoming morose and solitary in habits. The author asks What are we to do for the boy with poor visual memory, for the problem passes beyond the welfare of this boy to that of a large group? First, we must know more definitely what the audist and visualist types mean as regards mental development and useful work in the world...; yes, to be sure, but the problem is more complicated, we must know more of our cases. Why, for instance, did this boy at home read his lessons over and over again so that his father, coming home at night, should not hear his mistakes and scold him—and then make mistakes "in spite of all efforts." Why could he not carry anything in his mind? Why is he so interested and competent in electricity? So good at making one bicycle out of two wrecked machines? Above all, why is he so morose and silent? It does not suffice to say he had poor visual memory, and one hopes this answer was not acceptable at the public meetings held by the N.S.S.N.A.C. We need more knowledge of his home life than to be told the family history and personal history was negative "aside from

an attack of scarlet fever at three years of age," for no family history and no personal history is negative but always packed full of positive factors, strong environmental factors. Children are not brought up *in vacuo* but in the complicated environment of a home, able to cope with varying success with the claims and demands of love to father and mother, brothers and sisters. Leave these out and you have "poor visual memory," include them and you have the Oedipus situation. Having said this we may add that there is no reason to dispute that the boy made good progress at a trade school, but will the author tell us why progress was made there—and elsewhere? He is now twenty-six, is he married, in love? Has he ceased to be morose and solitary? If the N.S.S.N.A.C. is as interested in his exogamous marriage as in his trade education it will earn the gratitude of his relations and modern psychologists.

ADOLF MEYER: *Objective Psychology or Psychobiology with Subordination of the Medically Useless Contrast of Mental and Physical...* the activity of the total organism.... PHILIP COOMBS KNAPP: *The Treatment of Cases of Mental Disorder in General Hospitals*. The usual plea, strongly urged (and silently resisted). C. MACFIE CAMPBELL: *On the Mechanism of Convulsive Phenomena and Allied Symptoms*. Convulsive Phenomena placed in a series: organic (uraemia, etc.) at one end and symbolic at the other. A short survey. CHARLES I. LAMBERT: *The Clinical and Anatomical Features in Alzheimer's Disease and Related Conditions*. A valuable review with cases. C. MACFIE CAMPBELL: *A Case of Childhood Conflicts with Prominent Reference to the Urinary System; with some General Considerations on Urinary Symptoms in the Psychoneuroses and Psychoses*. A girl's case observed from age of 7-11. Details are given and the conclusion drawn that there is a close connection between urinary symptoms and the sexual instinct. L. PIERCE CLARK: *Some Therapeutic Considerations of Periodic Mental Depressions*. An "intensive analysis" of one case showed that the patient had "a very close attachment to the home tie."—No reference to oral fixation or alteration of appetite. No analysis of her object relationships. Six case histories ("foreconsciously analysed") in about 2500 words. C. MACFIE CAMPBELL: *On the Mechanism of Some Cases of Manic-Depressive Excitement*. The author gives many details of the personal history and then asks the pertinent question Why did these patients break out with this particular disorder and no other? The determining factors are grouped according as they influence internal or external frustration—a welcome feature in a book on psychiatry, but Abraham's 1912 paper is sharply criticised, a paper however which thirteen years of subsequent work have largely supported. MAURICE C. ASHLEY: *Synopsis of the History of a Case in which the Court Rushes in where Physicians Fear to Tread*. L. PIERCE CLARK: *A Psychologic Study of Stealing in Juvenile Delinquency*. A detailed study. "Associated with and following the foregoing analysis on the stealing and lying impulses, the youth was given ethical talks covering every phase of his previous misconducts and their consequences. Gradually an entire change in attitude and character took place." This case-history is the best in the book; it is a pity the author does not tell us more of this popular technique, which Freudians find themselves unable to follow and non-Freudians unable to explain. The volume ends with two papers by SMITH ELY JELLIFFE: *A Nemopsychiatric Pilgrimage* which confines itself to the Continent of Europe and *Paleopsychology, A Tentative Sketch of the Origin and Evolution of Symbolic Functions* which surveys the widest 'Paleopsychological Horizons.'

J. R.

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The *British Journal of Psychology* is issued by the British Psychological Society in two Sections, a *General Section* and a *Medical Section*, now entitled *The British Journal of Medical Psychology*. Each Section will appear in parts quarterly, the size and price of each part varying with the amount of material available.

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